

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

Office Use Only

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

National Emergency Medicine Political Action Committee

ADDRESS (number and street)

1125 Executive Circle

☐Check if different
than previously
reported. (ACC)

Irving

TX

75038

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00140061

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

06

30

2009

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

07

29

2009

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 316

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

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

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2009		464642.03
(b) Cash on Hand at Beginning of Reporting Period	464642.03	
(c) Total Receipts (from Line 19)	468770.90	468770.90
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	933412.93	933412.93
7. Total Disbursements (from Line 31)	381406.96	381406.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	552005.97	552005.97
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)

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Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	253483.14	253483.14
(ii) Unitemized	214656.68	214656.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	468139.82	468139.82
(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)	468139.82	468139.82
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	631.08	631.08
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))	468770.90	468770.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	468770.90	468770.90

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	369500.00	369500.00	
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.....	11906.96	11906.96	
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))..	381406.96	381406.96	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	381406.96	381406.96	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	468139.82	468139.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	468139.82	468139.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 316

(check only one)

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

Miguel A A Acevedo Segui

Mailing Address 2326 Longmoore Ct

City

Orlando

State

FL

Zip Code

32835-5962

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys

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 4 / 2 4 / 2 0 0 9

Transaction ID: C713822

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

James B B Aiken

Mailing Address 81 Yosemite Dr

City

New Orleans

State

LA

Zip Code

70131-8661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. James B Aiken

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C712557

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

James B B Aiken

Mailing Address 81 Yosemite Dr

City

New Orleans

State

LA

Zip Code

70131-8661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. James B Aiken

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730921

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 7 / 316

(check only one)

<input checked="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 B B Aiken

Mailing Address 81 Yosemite Dr

City

New Orleans

State

LA

Zip Code

70131-8661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. James B Aiken

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C744429

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Karen J J Alldredge

Mailing Address 6806 Mason Knob Trl

City

Roanoke

State

VA

Zip Code

24018-6934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Karen J Alldredge

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 6 / 0 9 / 2 0 0 9

Transaction ID: C735732

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Stanley L L Allen, III

Mailing Address 390 E Stovall St SE Apt 1110

City

Atlanta

State

GA

Zip Code

30316-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial 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 6 / 2 3 / 2 0 0 9

Transaction ID: C742094

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 316

(check only one)

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

Mailing Address 12202 E Gary Rd

City

Scottsdale

State

AZ

Zip Code

85259-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Emergency Asso-
ciates, Ltd

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: C735603

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mark Robert Robert Anderson

Mailing Address 6974 Canal

City

Tyler

State

TX

Zip Code

75703-9401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Mother Frances Ho-
sp 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 6 / 0 9 / 2 0 0 9

Transaction ID: C735739

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Laurie M M Anderton

Mailing Address 18305 SE 60th St

City

Issaquah

State

WA

Zip Code

98027-8669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Laurie M Anderton

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 3 / 0 6 / 2 0 0 9

Transaction ID: C686214

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 9 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 David David Argand

Mailing Address 3321 Plateau Dr

City

Belmont

State

CA

Zip Code

94002-1311

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 9

Transaction ID: C733132

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Crystal Arthur

Mailing Address 906 Rowland

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 ▼

250.00

Date of Receipt

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

Transaction ID: C713864

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Brent Asplin

Mailing Address 4162 Ethan Dr

City

Eagan

State

MN

Zip Code

55123-4908

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 ▼

400.00

Date of Receipt

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

Transaction ID: C614141

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 10 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 4162 Ethan Dr

City

Eagan

State

MN

Zip Code

55123-4908

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 ▼

400.00

Date of Receipt

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

Transaction ID: C682059

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Brent Asplin

Mailing Address 4162 Ethan Dr

City

Eagan

State

MN

Zip Code

55123-4908

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 ▼

400.00

Date of Receipt

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

Transaction ID: C703583

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Brent Asplin

Mailing Address 4162 Ethan Dr

City

Eagan

State

MN

Zip Code

55123-4908

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 ▼

400.00

Date of Receipt

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

Transaction ID: C714843

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 11 / 316

(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 Luke Luke Aswegan

Mailing Address 41 Forsythia Ln

City

Bear

State

DE

Zip Code

19701-6301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C735885

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Andrew J J Auerbach

Mailing Address 1656 Tamarisk Ct

City

Wichita

State

KS

Zip Code

67230-7611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Dole VA Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C743799

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City

Lexington

State

MA

Zip Code

02420-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sturdy Memf 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	1		2	9		2	0	0	9

Transaction ID: C614159

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 12 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 S Auerbach

Mailing Address 8 Saddle Club Rd

City

Lexington

State

MA

Zip Code

02420-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sturdy Memf 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 Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: C682073

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City

Lexington

State

MA

Zip Code

02420-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sturdy Memf 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 Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: C703592

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City

Lexington

State

MA

Zip Code

02420-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sturdy Memf 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 Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: C714827

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 S Auerbach

Mailing Address 8 Saddle Club Rd

City

Lexington

State

MA

Zip Code

02420-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sturdy Meml 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 Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730918

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City

Lexington

State

MA

Zip Code

02420-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sturdy Meml 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 Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: C744431

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Neal Finley Finley Aulick, II

Mailing Address 11 Aaronwoods Ct

City

Wheeling

State

WV

Zip Code

26003-9358

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP of Ohio Co PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C731656

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 N N Bair

Mailing Address 6048 Dry Creek Cir

City

Highland

State

UT

Zip Code

84003-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mark N Bair MD PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: C714497

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mark Banas

Mailing Address 2823 Aspen Rd

City

Rhineland

State

WI

Zip Code

54501-8563

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Marys Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C715682

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts 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 Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: C614139

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 15 / 316

(check only one)

<input checked="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)

Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts 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 2 / 2 5 / 2 0 0 9

Transaction ID: C682069

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C703584

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts 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 4 / 2 9 / 2 0 0 9

Transaction ID: C714833

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 16 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts 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 Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730908

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts 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 Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: C744391

Amount of Each Receipt this Period

100.00

C.

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

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 6 / 0 1 / 2 0 0 9

Transaction ID: C731395

Amount of Each Receipt this Period

300.00

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 17 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 J J Bauwens

Mailing Address 4420 N Pennsylvania St

City

Indianapolis

State

IN

Zip Code

46205-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Vincent 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 5 / 0 1 / 2 0 0 9

Transaction ID: C715688

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gregory D D Bell

Mailing Address 299 Patriot Rd

City

Southbury

State

CT

Zip Code

06488-1279

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bradley Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: C740436

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Gregory D D Bell

Mailing Address 299 Patriot Rd

City

Southbury

State

CT

Zip Code

06488-1279

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bradley Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C745986

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Y Marc Bellis

Mailing Address 12716 NE 103rd PI

City

Kirkland

State

WA

Zip Code

98033-5228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Overlake Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686216

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gregrey E E Bennett

Mailing Address 3239 74th SE

City

Mercer Island

State

WA

Zip Code

98040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Puget Sound Phys PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686209

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Thomas E E Benzoni

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
Northwest Iowa Emerg 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 4 / 1 5 / 2 0 0 9

Transaction ID: C709799

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 19 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 E E Benzoni

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
Northwest Iowa Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: C737495

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Joseph Bergen

Mailing Address 133 Old Rd to 9 Acre Cor

City

Concord

State

MA

Zip Code

01742-4159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C614142

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Andrew I I Bern

Mailing Address 9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C614134

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 20 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 I Bern

Mailing Address 9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C682070

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Andrew I I Bern

Mailing Address 9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C703579

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Andrew I I Bern

Mailing Address 9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C714847

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 21 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 I Bern

Mailing Address 9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730923

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Andrew I I Bern

Mailing Address 9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C744392

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Danny T T Berry

Mailing Address 3015 Keystone Dr

City

Cape Girardeau

State

MO

Zip Code

63701-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer
SE MO Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C735743

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

416.66

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 22 / 316

(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 C C Bertolini

Mailing Address 378 Grist Mill Dr

City

Basking Ridge

State

NJ

Zip Code

07920-2445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: C740423

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michael Bessette

Mailing Address 651 W Mt Pleasant Ave

City

Livingston

State

NJ

Zip Code

07039-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C731447

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Akash Bhagat

Mailing Address 7627 Club Lake Dr

City

Houston

State

TX

Zip Code

77095-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
TX Tech Hlth Sci Ctr, ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C740000

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 23 / 316

(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 D D Bibb

Mailing Address 16449 Akron St

City

Pacific Plsds

State

CA

Zip Code

90272-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedars Sinai Medical Cent-
er

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 4 / 2 4 / 2 0 0 9

Transaction ID: C713832

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dale Scott Scott Birenbaum

Mailing Address 3298 Kentshire Blvd

City

Ocoee

State

FL

Zip Code

34761-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys

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 4 / 2 4 / 2 0 0 9

Transaction ID: C713831

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Michael D D Bishop

Mailing Address 1155 W 3rd St

City

Bloomington

State

IN

Zip Code

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: C706194

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 J Bjerke

Mailing Address 2973 Peterson Pkwy

City

Fargo

State

ND

Zip Code

58102-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
MeritCare Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C711521

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gregory J Bjerke

Mailing Address 2973 Peterson Pkwy

City

Fargo

State

ND

Zip Code

58102-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
MeritCare Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: C743526

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David Blank

Mailing Address 4551 Sylvan Rd

City

Indianapolis

State

IN

Zip Code

46228-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Phys of Indianapolis

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 6 / 3 0 / 2 0 0 9

Transaction ID: C745975

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 25 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Frederick C C Blum

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCB-HSC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C614132

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Frederick C C Blum

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCB-HSC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C682481

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Frederick C C Blum

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCB-HSC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C703585

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 26 / 316

(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 C Blum

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCB-HSC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C714842

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Frederick C C Blum

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCB-HSC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	9

Transaction ID: C730920

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Frederick C C Blum

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCB-HSC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C744426

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 27 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brooks F F Bock

Mailing Address 1700 Lions Ridge Loop

City

State

Zip Code

Vail

CO

81657-5757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Brooks F Bock

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 4 / 1 7 / 2 0 0 9

Transaction ID: C711413

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

James Edward Edward Boehl

Mailing Address 4550 194th Ave SE

City

State

Zip Code

Issaquah

WA

98027-9307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Overlake 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 Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686220

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Iolene Beth Beth Boenau

Mailing Address 21 Vandenburg Ln

City

State

Zip Code

Latham

NY

12110-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

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

Transaction ID: C614156

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

1291.67

TOTAL This Period (last page this line number 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 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Iolene Beth Beth Boenau

Mailing Address 21 Vandenburg Ln

City

Latham

State

NY

Zip Code

12110-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

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

Transaction ID: C682061

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Iolene Beth Beth Boenau

Mailing Address 21 Vandenburg Ln

City

Latham

State

NY

Zip Code

12110-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

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

Transaction ID: C703575

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Iolene Beth Beth Boenau

Mailing Address 21 Vandenburg Ln

City

Latham

State

NY

Zip Code

12110-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

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

Transaction ID: C714846

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line number 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 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Iolene Beth Beth Boenau

Mailing Address 21 Vandenburg Ln

City

Latham

State

NY

Zip Code

12110-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730919

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Iolene Beth Beth Boenau

Mailing Address 21 Vandenburg Ln

City

Latham

State

NY

Zip Code

12110-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

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

Transaction ID: C744385

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Amanda Bogie

Mailing Address 940 NE 13th St Rm 2B2403
940 NE 13th St Rm 2B2403

City

Oklahoma City

State

OK

Zip Code

73104-5008

FEC ID number of contributing
federal political committee.

C

Name of Employer
OUHSC

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 4 / 1 5 / 2 0 0 9

Transaction ID: C709856

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

333.34

TOTAL This Period (last page this line number 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 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 A A Bohrn

Mailing Address 70 Timberline Dr

City

Wyomissing

State

PA

Zip Code

19610-1970

FEC ID number of contributing
federal political committee.

C

Name of Employer
York Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C614124

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Michael A A Bohrn

Mailing Address 70 Timberline Dr

City

Wyomissing

State

PA

Zip Code

19610-1970

FEC ID number of contributing
federal political committee.

C

Name of Employer
York Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C682067

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Michael A A Bohrn

Mailing Address 70 Timberline Dr

City

Wyomissing

State

PA

Zip Code

19610-1970

FEC ID number of contributing
federal political committee.

C

Name of Employer
York Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C703582

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 A A Bohrn

Mailing Address 70 Timberline Dr

City

Wyomissing

State

PA

Zip Code

19610-1970

FEC ID number of contributing
federal political committee.

C

Name of Employer
York 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 4 / 2 9 / 2 0 0 9

Transaction ID: C714837

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Michael A A Bohrn

Mailing Address 70 Timberline Dr

City

Wyomissing

State

PA

Zip Code

19610-1970

FEC ID number of contributing
federal political committee.

C

Name of Employer
York 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 5 / 2 8 / 2 0 0 9

Transaction ID: C730916

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Glenn Alden Alden Bollard

Mailing Address 11210 Hunters Ridge Blvd Apt 4
Apt 4

City

Meadville

State

PA

Zip Code

16335-6382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Glenn Alden Bollard

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 6 / 2 6 / 2 0 0 9

Transaction ID: C743833

Amount of Each Receipt this Period

750.00

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 32 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gary Bonfante

Mailing Address 4543 Laurel Dr

City

Walnutport

State

PA

Zip Code

18088-9628

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: C709796

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Antonio Xavier Xavier Bonfiglio

Mailing Address 902 S Shady Hollow Cir

City

Bloomfield Hills

State

MI

Zip Code

48304-3773

FEC ID number of contributing
federal political committee.

C

Name of Employer
St John Oakland Emer 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 Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: C743888

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Robert T T Bonham

Mailing Address 2101 Nuuanu Ave Apt 2005
Apt 2005

City

Honolulu

State

HI

Zip Code

96817-1769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Hawaii KCC EMS

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 6 / 3 0 / 2 0 0 9

Transaction ID: C745976

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 33 / 316

(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 E Booth

Mailing Address 655 W 8th St

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands Jacksonville Educ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C614154

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ashley E E Booth

Mailing Address 655 W 8th St

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands Jacksonville Educ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C714841

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C614130

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 34 / 316

(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 Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C682057

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C703591

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C714838

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 35 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730907

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C744430

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Samuel Francis Francis Bosco

Mailing Address 6 Foxglove Ct

City

Wynantskill

State

NY

Zip Code

12198-7801

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Peters Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C731649

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 36 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bradford J J Bowls

Mailing Address 121 NW Ivanhoe Blvd

City

Orlando

State

FL

Zip Code

32804-5958

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys

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 4 / 2 4 / 2 0 0 9

Transaction ID: C713838

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Paul C C Bracey

Mailing Address 969 Lakeland Dr

City

Jackson

State

MS

Zip Code

39216-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dominics Jackson Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C719580

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John C C Bradford

Mailing Address 400 Wabash Ave

City

Akron

State

OH

Zip Code

44307-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron Gen Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C735721

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 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Neville Bradley

Mailing Address 6411Fannin St

City

Houston

State

TX

Zip Code

77030-1501

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 ▼

600.00

Date of Receipt

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

Transaction ID: C614162

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard Neville Neville Bradley

Mailing Address 6411Fannin St

City

Houston

State

TX

Zip Code

77030-1501

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 ▼

600.00

Date of Receipt

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

Transaction ID: C714840

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard Neville Neville Bradley

Mailing Address 6411Fannin St

City

Houston

State

TX

Zip Code

77030-1501

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 ▼

600.00

Date of Receipt

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

Transaction ID: C744353

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 38 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 J Bresler

Mailing Address 1025 Wilmington Way

City

Emerald Hills

State

CA

Zip Code

94062-4069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mills Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: C711416

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David Bronstein

Mailing Address 6837 W Mercer Way

City

Mercer Island

State

WA

Zip Code

98040-4861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Puget Sound Phys PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686203

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

David Bronstein

Mailing Address 6837 W Mercer Way

City

Mercer Island

State

WA

Zip Code

98040-4861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Puget Sound Phys PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686222

Amount of Each Receipt this Period

50.00

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 39 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James Tracy Tracy Brown

Mailing Address 12528 Sr 78

City

Havana

State

IL

Zip Code

62644-6866

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF St Francis Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C724843

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mark W W Brown

Mailing Address 5916 Filaree Hts

City

Malibu

State

CA

Zip Code

90265-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Antelope Valley 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
0 6 / 2 3 / 2 0 0 9

Transaction ID: C742095

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Sara Ann Ann Brown

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 ▼

250.00

Date of Receipt

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

Transaction ID: C719568

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 40 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven John John Brunetti

Mailing Address 416 W Church St

City

Archbald

State

PA

Zip Code

18403-1580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Serv PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C712340

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

George Richard Richard Bruno

Mailing Address 1684 Ala Moana Blvd Apt 1650
Ph 1650

City

Honolulu

State

HI

Zip Code

96815-1484

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hawaii Emer Phys Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	9

Transaction ID: C714490

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Marlene Buckler

Mailing Address 7941 Pine Glen Ct

City

Sarasota

State

FL

Zip Code

34238-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Marlene Buckler

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	9

Transaction ID: C713471

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 41 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 A A Burrell

Mailing Address 1155 W Third St

City

Bloomington

State

IN

Zip Code

47404-5016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unity Phys 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 Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: C706187

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Keith Claude Claude Butler

Mailing Address 2458 E Melrose St

City

Mesa

State

AZ

Zip Code

85213-1560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Affiliation

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 6 / 2 3 / 2 0 0 9

Transaction ID: C742136

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Joseph J Calabro

Mailing Address 15 Hance Road

City

Fair Haven

State

NJ

Zip Code

07704-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physicians practice enhan-
cement

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C705061

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 42 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 James James Calvert

Mailing Address 204 Glenbrook Cir SE

City

Huntsville

State

AL

Zip Code

35801-1867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huntsville Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C739996

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Lisa Campanella

Mailing Address 102 George Russell Way

City

Clifton

State

NJ

Zip Code

07013-2681

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: C714502

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gregory Cannon

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 Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C719616

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 43 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 L L Carius

Mailing Address 34 Maple St

City

Norwalk

State

CT

Zip Code

06850-3815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norwalk Hosp 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 Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: C704684

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Philip S S Carney, Jr

Mailing Address 317 Oak Knoll Dr

City

Rockville

State

MD

Zip Code

20850-4735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Philip S Carney, 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 Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: C731437

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Paul D D Casey

Mailing Address 101 Cherry St Unit 410
Unit 410

City

Green Bay

State

WI

Zip Code

54301-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bellin Mem 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 6 / 1 7 / 2 0 0 9

Transaction ID: C739973

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 44 / 316

(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 D D Cash

Mailing Address 111 Seabreeze Ln

City

Suffolk

State

VA

Zip Code

23435-1738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Williamsburg EM Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C719610

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Carlos H H Castellon

Mailing Address 152 NW Otter Ct

City

Lake City

State

FL

Zip Code

32055-7252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C614120

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Carlos H H Castellon

Mailing Address 152 NW Otter Ct

City

Lake City

State

FL

Zip Code

32055-7252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C682058

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 45 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Carlos H H Castellon

Mailing Address 152 NW Otter Ct

City

Lake City

State

FL

Zip Code

32055-7252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C704702

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Carlos H H Castellon

Mailing Address 152 NW Otter Ct

City

Lake City

State

FL

Zip Code

32055-7252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C714835

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Carlos H H Castellon

Mailing Address 152 NW Otter Ct

City

Lake City

State

FL

Zip Code

32055-7252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730922

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 46 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Carlos H H Castellon

Mailing Address 152 NW Otter Ct

City

Lake City

State

FL

Zip Code

32055-7252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C744425

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Marcel A A Cesar

Mailing Address PO Box 180253

City

Delafield

State

WI

Zip Code

53018-0253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C735919

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Kahang Lee Lee Chan

Mailing Address 3839 Brantley PI Cir

City

Apopka

State

FL

Zip Code

32703-6855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Kahang Lee Chan

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C713824

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 47 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rohit S S Chandurkar

Mailing Address 5455 N Marginal Rd # 332
Apt 332

City State Zip Code
Cleveland OH 44114-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer
GEMS Inc.

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 6 / 2 2 / 2 0 0 9

Transaction ID: C741858

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Fang Chin Chin Chiang

Mailing Address 473 Bluff Rd

City State Zip Code
Ft Lee NJ 07024-1550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Name Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C739989

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Steven Chin

Mailing Address 19711 Quiet Bay Ln

City State Zip Code
Huntingtn Bch CA 92648-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Intercomm Ho-
sp ED

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: C714448

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1470.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Neil L L Christen

Mailing Address 4805 Laurel Trace

City

Anniston

State

AL

Zip Code

36207-9300

FEC ID number of contributing
federal political committee.

C

Name of Employer
NE Alabama Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: C742092

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Leonardo Cisneros

Mailing Address 5206 Overview Ct

City

Orlando

State

FL

Zip Code

32819-3853

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Hosp Kissimmee

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C713839

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Chad L L Clark

Mailing Address 3948 Shady Ridge Dr

City

Corona

State

CA

Zip Code

92881-8818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C735733

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 49 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Nathaniel W W Clark

Mailing Address 1216 E Newton St

City

Seattle

State

WA

Zip Code

98102-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Nathaniel W Clark

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C735748

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

R Carter Clements

Mailing Address 5558 Taft Ave

City

Oakland

State

CA

Zip Code

94618-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OakCare Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C682068

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

R Carter Clements

Mailing Address 5558 Taft Ave

City

Oakland

State

CA

Zip Code

94618-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OakCare Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730917

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 50 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 E Clinton

Mailing Address 6020 Pine Grove Rd

City

Edina

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hennepin Faculty Associat-
es

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 Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743563

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

James Michael Michael Cogbill, Jr

Mailing Address 2817 Witters St

City

Saginaw

State

MI

Zip Code

48602-3584

FEC ID number of contributing
federal political committee.

C

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

Transaction ID: C739736

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

William W W Colgate

Mailing Address 4411 Bee Rdg Rd # 627

City

Sarasota

State

FL

Zip Code

34233-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. William W Colgate

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 6 / 0 1 / 2 0 0 9

Transaction ID: C731431

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Patrick Patrick Collins

Mailing Address 135 Ventana Ct

City

Aptos

State

CA

Zip Code

95003-3327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cmnty Hosp of Monterey Pen
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 6 / 1 0 / 2 0 0 9

Transaction ID: C735907

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ronald V V Cordova

Mailing Address 2700 Dolbeer St

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C740016

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Peter W W Corrigan

Mailing Address 1723 Alta Oaks Dr

City

Arcadia

State

CA

Zip Code

91006-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huntington Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C712198

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Peter W W Corrigan

Mailing Address 1723 Alta Oaks Dr

City

Arcadia

State

CA

Zip Code

91006-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huntington Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: C720392

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kathleen Cowling

Mailing Address 3400 Midland Rd

City

Saginaw

State

MI

Zip Code

48603-9634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Hlthcre Emer Phys
Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686202

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Robert J 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
NE Tower Ste 2100

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C651570

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 53 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert J 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
NE Tower Ste 2100

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 4 / 2 9 / 2 0 0 9

Transaction ID: C714845

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Cari Croghan

Mailing Address 5350 Twin Creeks Dr

City

Reno

State

NV

Zip Code

89523-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern NV Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Transaction ID: C689860

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Cari Croghan

Mailing Address 5350 Twin Creeks Dr

City

Reno

State

NV

Zip Code

89523-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern NV Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: C710963

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 54 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James Michael Michael Cusick

Mailing Address 10309 E Lake Dr

City

Englewood

State

CO

Zip Code

80111-5499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Natl Med Dir AMR

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: C711424

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Pamela V V Cutler

Mailing Address 6405 Avenida La Cuchilla NW

City

Los Ranchos

State

NM

Zip Code

87107-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schumacher Group

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.99

Date of Receipt

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

Transaction ID: C678443

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Pamela V V Cutler

Mailing Address 6405 Avenida La Cuchilla NW

City

Los Ranchos

State

NM

Zip Code

87107-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schumacher Group

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.99

Date of Receipt

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

Transaction ID: C713866

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

1183.33

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 55 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pamela V V Cutler

Mailing Address 6405 Avenida La Cuchilla NW

City

Los Ranchos

State

NM

Zip Code

87107-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schumacher Group

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.99

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730910

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Pamela V V Cutler

Mailing Address 6405 Avenida La Cuchilla NW

City

Los Ranchos

State

NM

Zip Code

87107-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schumacher Group

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.99

Date of Receipt

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

Transaction ID: C744388

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

David Dansky

Mailing Address PO Box S-3474

City

Carmel

State

CA

Zip Code

93921-0589

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHOMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: C732472

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

416.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Dansky

Mailing Address PO Box S-3474

City

Carmel

State

CA

Zip Code

93921-0589

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHOMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C746006

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Eric Decena

Mailing Address 5 Roderick Ct

City

E Northport

State

NY

Zip Code

11731-5207

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 ▼

500.00

Date of Receipt

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

Transaction ID: C725582

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Wendy DeMartino

Mailing Address 7 Charterpoint Rd

City

Watervliet

State

NY

Zip Code

12189-1691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: C614148

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

685.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wendy DeMartino

Mailing Address 7 Charterpoint Rd

City

Watervliet

State

NY

Zip Code

12189-1691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: C682056

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Wendy DeMartino

Mailing Address 7 Charterpoint Rd

City

Watervliet

State

NY

Zip Code

12189-1691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: C703578

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Wendy DeMartino

Mailing Address 7 Charterpoint Rd

City

Watervliet

State

NY

Zip Code

12189-1691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: C714831

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wendy DeMartino

Mailing Address 7 Charterpoint Rd

City

Watervliet

State

NY

Zip Code

12189-1691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730915

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Wendy DeMartino

Mailing Address 7 Charterpoint Rd

City

Watervliet

State

NY

Zip Code

12189-1691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: C744390

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

David C C Dennis

Mailing Address 5 Shadow Creek Ln

City

Orinda

State

CA

Zip Code

94563-3538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Solano Gateway 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 Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: C710995

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

295.00

TOTAL This Period (last page this line number 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 / 316

(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)

David C C Dennis

Mailing Address 5 Shadow Creek Ln

City

Orinda

State

CA

Zip Code

94563-3538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Solano Gateway 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	6		3	0		2	0	0	9

Transaction ID: C746071

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Fred Dennis

Mailing Address 22287 Mullholland Dr Ste 187

City

Calabasas

State

CA

Zip Code

91302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Fred Dennis

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C614112

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Fred Dennis

Mailing Address 22287 Mullholland Dr Ste 187

City

Calabasas

State

CA

Zip Code

91302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Fred Dennis

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C714828

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 60 / 316

(check only one)

<input checked="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 DePonte

Mailing Address 107 Baytree Ct

City

Winter Spgs

State

FL

Zip Code

32708-5122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Paul DePonte

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C713840

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mounang P P Desai

Mailing Address 6003 Isla Vista

City

Houston

State

TX

Zip Code

77041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mounang P Desai

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C682062

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Craig T T DeWaal

Mailing Address 5528 Hero Dr

City

Austin

State

TX

Zip Code

78735-6244

FEC ID number of contributing
federal political committee.

C

Name of Employer
ESP

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C746064

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 61 / 316

(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)

Solisis Deynes-Lopez

Mailing Address 4801 Cypress Point

City

Frisco

State

TX

Zip Code

75034-6825

FEC ID number of contributing
federal political committee.**C**Name of Employer
Trinity Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	0	9

Transaction ID: C740001

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey D 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 ▼

500.00

Date of Receipt

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

Transaction ID: C614113

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey D 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 ▼

500.00

Date of Receipt

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

Transaction ID: C714839

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 62 / 316

(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 A A Donovan

Mailing Address 6859 Zerillo Dr

City

Riverbank

State

CA

Zip Code

95367-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	9

Transaction ID: C714444

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Armand H H Dorian

Mailing Address 12030 Beaufait Ave

City

Northridge

State

CA

Zip Code

91326-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Verdugo Hills Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	9

Transaction ID: C743696

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Marc M M Dreier

Mailing Address 295 Richards Rd

City

Ridgewood

State

NJ

Zip Code

07450-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	9

Transaction ID: C714415

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3050.00

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 63 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 R R Drury

Mailing Address 1290 Shannock Rd

City

Charlestown

State

RI

Zip Code

02813-3745

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Cnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

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

Transaction ID: C719619

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Timothy R R Drury

Mailing Address 1290 Shannock Rd

City

Charlestown

State

RI

Zip Code

02813-3745

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Cnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: C732476

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Reva Dubin

Mailing Address 547 Park Rd

City

Mays Landing

State

NJ

Zip Code

08330-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic City Regl 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 Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: C709875

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Reva Dubin

Mailing Address 547 Park Rd

City

Mays Landing

State

NJ

Zip Code

08330-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic City Regl 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 4 / 2 0 / 2 0 0 9

Transaction ID: C712180

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert Brian Brian Dunne

Mailing Address 51800 9 Mile Rd

City

Northville

State

MI

Zip Code

48167-9773

FEC ID number of contributing
federal political committee.

C

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

Transaction ID: C744378

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

James S S Eadie

Mailing Address 201 N Lowell Ln
Apt 226

City

Austin

State

TX

Zip Code

78733-4223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilford Hall 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 5 / 0 7 / 2 0 0 9

Transaction ID: C720402

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 65 / 316

(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 W W Edelberg

Mailing Address 19315 Bellerive Ct

City

Baton Rouge

State

LA

Zip Code

70809-6738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jay W Edelberg

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C744380

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mary Ann Ann Edens

Mailing Address 2060 Brockton Close

City

Marietta

State

GA

Zip Code

30068-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Univ/Grady Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: C709825

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Daniel J J Edwards

Mailing Address 15 Degraw Rd

City

Riverdale

State

NJ

Zip Code

07457-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: C713455

Amount of Each Receipt this Period

1000.00

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 66 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Irv E E Edwards

Mailing Address 111 N Sepulveda Ste 210
Ste 210

City State Zip Code
 Manhattan Beach CA 90266-6849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chino Valley Med Ctr

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: C614126

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Irv E E Edwards

Mailing Address 111 N Sepulveda Ste 210
Ste 210

City State Zip Code
 Manhattan Beach CA 90266-6849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chino Valley Med Ctr

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: C714834

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

L Dean Egbert

Mailing Address 121 W Lakeview Way

City State Zip Code
 Woodland Hills UT 84653-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountain View Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 0 9

Transaction ID: C710955

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 S S Elman

Mailing Address 6191 Senate Cir

City

East Amherst

State

NY

Zip Code

14051-1979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buffalo Mercy Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C744377

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David M M Englander

Mailing Address 311 S Broadway Apt B
Apt B

City

Redondo Bch

State

CA

Zip Code

90277-3758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. David M Englander

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C719554

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Stephen K K Epstein

Mailing Address 1 Deaconess Rd W/CC-2

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 4 / 2 3 / 2 0 0 9

Transaction ID: C713480

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 68 / 316

(check only one)

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

510.00

Date of Receipt

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

Transaction ID: C614168

Amount of Each Receipt this Period

85.00

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 ▼

510.00

Date of Receipt

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

Transaction ID: C682060

Amount of Each Receipt this Period

85.00

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 ▼

510.00

Date of Receipt

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

Transaction ID: C703576

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

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

510.00

Date of Receipt

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

Transaction ID: C714832

Amount of Each Receipt this Period

85.00

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 ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730904

Amount of Each Receipt this Period

85.00

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 ▼

510.00

Date of Receipt

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

Transaction ID: C744403

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Peter M M Fahrney

Mailing Address 3419 Riverview Dr

City

Colonial Beach

State

VA

Zip Code

22443-4830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Peter M Fahrney

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C739986

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Heather Lynn 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
Christiana Care Hlth Syst

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: C706231

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Heather Lynn 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
Christiana Care Hlth Syst

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: C713451

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 71 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 A A Feldman

Mailing Address 8 Sage Ln

City

Framingham

State

MA

Zip Code

01701-3880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston 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 4 / 2 3 / 2 0 0 9

Transaction ID: C713445

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

William Basil Felegi

Mailing Address 731 Red Lion Way

City

Bridgewater

State

NJ

Zip Code

08807-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMA

Occupation

Associate Director

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 1 / 2 2 / 2 0 0 9

Transaction ID: C608366

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Diana L L Fite

Mailing Address PO Box 2029

City

Waller

State

TX

Zip Code

77484-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C609388

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 72 / 316

(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)

Diana L L Fite

Mailing Address PO Box 2029

City

Waller

State

TX

Zip Code

77484-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C614114

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Diana L L Fite

Mailing Address PO Box 2029

City

Waller

State

TX

Zip Code

77484-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C682071

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Diana L L Fite

Mailing Address PO Box 2029

City

Waller

State

TX

Zip Code

77484-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C703577

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 73 / 316

(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)

Diana L L Fite

Mailing Address PO Box 2029

City

Waller

State

TX

Zip Code

77484-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C714829

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Diana L L Fite

Mailing Address PO Box 2029

City

Waller

State

TX

Zip Code

77484-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730902

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Diana L L Fite

Mailing Address PO Box 2029

City

Waller

State

TX

Zip Code

77484-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C744395

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 74 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 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 ▼

583.31

Date of Receipt

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

Transaction ID: C609389

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Juan Francisco 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 ▼

583.31

Date of Receipt

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

Transaction ID: C614167

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Juan Francisco 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 ▼

583.31

Date of Receipt

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

Transaction ID: C682064

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 75 / 316

(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)

Juan Francisco 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 ▼

583.31

Date of Receipt

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

Transaction ID: C703574

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Juan Francisco 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 ▼

583.31

Date of Receipt

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

Transaction ID: C714836

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Juan Francisco 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 ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730912

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 76 / 316

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Juan Francisco 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 ▼

583.31

Date of Receipt

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

Transaction ID: C744414

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Deborah D D Fletcher

Mailing Address 209 Captain HM Shreve Blvd

City

Shreveport

State

LA

Zip Code

71115-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Care 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 6 / 2 3 / 2 0 0 9

Transaction ID: C742083

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Deborah D D Fletcher

Mailing Address 209 Captain HM Shreve Blvd

City

Shreveport

State

LA

Zip Code

71115-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Care 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 6 / 2 3 / 2 0 0 9

Transaction ID: C742130

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 77 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C614146

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C682072

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C703581

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 78 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C714844

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730914

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C744389

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 79 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 D Ford

Mailing Address PO Box 32861

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 ▼

252.00

Date of Receipt

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

Transaction ID: C614131

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Marsha D D Ford

Mailing Address PO Box 32861

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 ▼

252.00

Date of Receipt

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

Transaction ID: C682063

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Marsha D D Ford

Mailing Address PO Box 32861

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 ▼

252.00

Date of Receipt

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

Transaction ID: C703590

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 80 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 D Ford

Mailing Address PO Box 32861

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 ▼

252.00

Date of Receipt

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

Transaction ID: C714830

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Marsha D D Ford

Mailing Address PO Box 32861

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 ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730906

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Marsha D D Ford

Mailing Address PO Box 32861

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 ▼

252.00

Date of Receipt

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

Transaction ID: C744405

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 81 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Matthew Matthew Fox

Mailing Address 2 Cherry Hurst Ln

City

Grosse Pointe Farm

State

MI

Zip Code

48236-3796

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Med Spec PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: C709803

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Howard Franklin

Mailing Address 4939 Anniston Cir

City

Tampa

State

FL

Zip Code

33647-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ Comm Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: C742084

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Eric Thomas Thomas Friedland

Mailing Address 1617 E Highland Dr

City

Seattle

State

WA

Zip Code

98112-3323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Puget Sound Phys PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686213

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 82 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Vidor E E Friedman

Mailing Address 13061 Water Pt Blvd

City

Windermere

State

FL

Zip Code

34786-5818

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL 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 4 / 2 4 / 2 0 0 9

Transaction ID: C713821

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Vicki Kay Kay Friend

Mailing Address 5753 Aloma Woods Blvd

City

Oviedo

State

FL

Zip Code

32765-9437

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Hosp of E Orlando

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C713816

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Wayne S S Friestad

Mailing Address 1528 Langham Terr

City

Lake Mary

State

FL

Zip Code

32746-1971

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL 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 4 / 2 4 / 2 0 0 9

Transaction ID: C713820

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kenneth Frumkin

Mailing Address 423 Tiki Way

City

Chesapeake

State

VA

Zip Code

23322-2272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chesapeake Gen 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 5 / 0 5 / 2 0 0 9

Transaction ID: C719545

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: C682066

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: C713865

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730911

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: C744407

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Brent F F Gardner

Mailing Address 640 E Club Cir

City

Longwood

State

FL

Zip Code

32779-2256

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys

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 4 / 1 5 / 2 0 0 9

Transaction ID: C709822

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 85 / 316

(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)

Brent F F Gardner

Mailing Address 640 E Club Cir

City

Longwood

State

FL

Zip Code

32779-2256

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys

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	4		2	4		2	0	9	

Transaction ID: C713825

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

James E E Garrett

Mailing Address 105 Sea Buoy Ct

City

Emerald Isle

State

NC

Zip Code

28594-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Onslow Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	9	

Transaction ID: C706206

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Marianne Gausche-Hill

Mailing Address 1931 Power St

City

Hermosa Bch

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	9	

Transaction ID: C710947

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 86 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Joseph 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 ▼

500.00

Date of Receipt

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

Transaction ID: C614137

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael Joseph 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 ▼

500.00

Date of Receipt

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

Transaction ID: C714809

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James P P Gillen

Mailing Address 12221 Lexington Park Dr #204
Apt 204

City

Tampa

State

FL

Zip Code

33626-2724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa Gen Hosp - Emerg De-
pt

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 6 / 1 7 / 2 0 0 9

Transaction ID: C739977

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 87 / 316

(check only one)

<input checked="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 James James Gillogley

Mailing Address 6225 Northpoint 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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: C722112

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Andrew Andrew Goldman

Mailing Address 428 Raccoon St

City

Lake Mary

State

FL

Zip Code

32746-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C713814

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

William E E Gotthold

Mailing Address 409 Lower Sunnyslope Rd

City

Wenatchee

State

WA

Zip Code

98801-9619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wenatchee Valley Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: C742085

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 88 / 316

(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)

Myliisa Amy Amy Graber

Mailing Address 7809 Trieste PI

City

Delray Bch

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 ▼

400.00

Date of Receipt

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

Transaction ID: C704703

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Myliisa Amy Amy Graber

Mailing Address 7809 Trieste PI

City

Delray Bch

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 ▼

400.00

Date of Receipt

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

Transaction ID: C714808

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Myliisa Amy Amy Graber

Mailing Address 7809 Trieste PI

City

Delray Bch

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730903

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 89 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Amy Graber

Mailing Address 7809 Trieste Pl

City

Delray Bch

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 ▼

400.00

Date of Receipt

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

Transaction ID: C744386

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ken John John Gramyk

Mailing Address PO Box 729

City

Sagle

State

ID

Zip Code

83860-0729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Pend Oreille 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 Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: C713472

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael A A Granovsky

Mailing Address 8295 Alvord St

City

McLean

State

VA

Zip Code

22102-1739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Washington Emer
Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C735727

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 90 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lynda Gail Gail Gray

Mailing Address 2896 W Kensington Ln

City

Fresno

State

CA

Zip Code

93711-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente 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 6 / 0 9 / 2 0 0 9

Transaction ID: C735782

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Lynda Gail Gail Gray

Mailing Address 2896 W Kensington Ln

City

Fresno

State

CA

Zip Code

93711-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente 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 6 / 1 7 / 2 0 0 9

Transaction ID: C739976

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Andrea L 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 ▼

600.00

Date of Receipt

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

Transaction ID: C703588

Amount of Each Receipt this Period

300.00

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 91 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 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 ▼

600.00

Date of Receipt

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

Transaction ID: C744416

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Robert D D Greenberg

Mailing Address 2401 S 31st St

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 ▼

500.00

Date of Receipt

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

Transaction ID: C614152

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert D D Greenberg

Mailing Address 2401 S 31st St

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 ▼

500.00

Date of Receipt

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

Transaction ID: C714813

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 92 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Leslie H 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 5 / 1 8 / 2 0 0 9

Transaction ID: C724075

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gerald W 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 4 / 2 8 / 2 0 0 9

Transaction ID: C714465

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Brad Gruehn

Mailing Address 207 Heather Glen Rd

City

Sterling

State

VA

Zip Code

20165-5824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Brad Gruehn

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C614144

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brad Gruehn

Mailing Address 207 Heather Glen Rd

City

Sterling

State

VA

Zip Code

20165-5824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Brad Gruehn

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 2 / 2 5 / 2 0 0 9

Transaction ID: C682065

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Brad Gruehn

Mailing Address 207 Heather Glen Rd

City

Sterling

State

VA

Zip Code

20165-5824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Brad Gruehn

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 3 / 3 0 / 2 0 0 9

Transaction ID: C703587

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Brad Gruehn

Mailing Address 207 Heather Glen Rd

City

Sterling

State

VA

Zip Code

20165-5824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Brad Gruehn

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 4 / 2 9 / 2 0 0 9

Transaction ID: C714810

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 94 / 316

(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)

Brad Gruehn

Mailing Address 207 Heather Glen Rd

City

Sterling

State

VA

Zip Code

20165-5824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Brad Gruehn

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	9	

Transaction ID: C730901

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Brad Gruehn

Mailing Address 207 Heather Glen Rd

City

Sterling

State

VA

Zip Code

20165-5824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Brad Gruehn

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C744409

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Benjamin T T Hafkenschiel

Mailing Address 1100 Westridge Dr

City

Portola Valley

State

CA

Zip Code

94028-7341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Benjamin T Hafkenschiel

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C731428

Amount of Each Receipt this Period

200.00

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 95 / 316

(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)

Benjamin T T Hafkenschiel

Mailing Address 1100 Westridge Dr

City

Portola Valley

State

CA

Zip Code

94028-7341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Benjamin T Hafkenschiel

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 6 / 3 0 / 2 0 0 9

Transaction ID: C746014

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Thomas W W Hale

Mailing Address 8375 Los Osos Rd

City

Atascadero

State

CA

Zip Code

93422-4728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Coast Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C719541

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Christian C C Halloran

Mailing Address 22199 Douglas Rd

City

Shaker Heights

State

OH

Zip Code

44122-2036

FEC ID number of contributing
federal political committee.

C

Name of Employer
4M Emergency Systems

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 6 / 2 7 / 2 0 0 9

Transaction ID: C743920

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 96 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

J Brian Hancock

Mailing Address 4827 Pebworth Pl

City

Saginaw

State

MI

Zip Code

48603-9306

FEC ID number of contributing
federal political committee.

C

Name of Employer
MI State Univ Colg of Hmn
Medn

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C614110

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

J Brian Hancock

Mailing Address 4827 Pebworth Pl

City

Saginaw

State

MI

Zip Code

48603-9306

FEC ID number of contributing
federal political committee.

C

Name of Employer
MI State Univ Colg of Hmn
Medn

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C714807

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Bill Harshbarger

Mailing Address W301 N 3252 Windrush Cir

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
ERMED, S.C.

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: C709882

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 97 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Anthony William William Hartmann

Mailing Address 2 Wincot Court

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: C720406

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Anthony William William Hartmann

Mailing Address 2 Wincot Court

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: C736848

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Stephen Carl Carl Hartsell

Mailing Address 75 N Medical Dr #1150

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 Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: C713474

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 98 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Allison Leigh Leigh Harvey

Mailing Address Five Medical Park Dr EM Dept
5 Richland Med Pk

City State Zip Code
Columbia SC 29203-6863

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Hlth Richland

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C735786

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Carlton E E Heine

Mailing Address 515 Whitecap Rd

City State Zip Code
Bellingham WA 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: C714424

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Marilyn Joan Joan Heine

Mailing Address 900 Twining Rd

City State Zip Code
Dresher PA 19025-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Suburban Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C686974

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 99 / 316

(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)

Josh Heller

Mailing Address 26 Cherry Lane Drive

City

Englewood

State

CO

Zip Code

80113

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarePointOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	9

Transaction ID: C743908

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joshua Heller

Mailing Address 26 Cherry Lane Dr

City

Englewood

State

CO

Zip Code

80113-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarePointOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C690976

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Van E E Helms

Mailing Address PO Box 22670

City

Knoxville

State

TN

Zip Code

37933-0670

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ft Sanders Parkwest Hosp
EDOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	9

Transaction ID: C709878

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 100 / 316

(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 W Henrichs, III

Mailing Address 800 N Justice St

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 ▼

250.00

Date of Receipt

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

Transaction ID: C712556

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Douglas M M Hill

Mailing Address 9191 Grant St

City

Thornton

State

CO

Zip Code

80229-4361

FEC ID number of contributing
federal political committee.

C

Name of Employer
N Suburban Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C676300

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Hugh F F Hill, III

Mailing Address 6915 Radnor Rd

City

Bethesda

State

MD

Zip Code

20817-6328

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Hopkins Bayview Dept
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	1	/	2	9	/	2	0	0	9

Transaction ID: C614096

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 101 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jon Mark Mark Hirshon

Mailing Address 1062 River Bay Rd

City

Annapolis

State

MD

Zip Code

21409-4830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MD ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C614158

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jon Mark Mark Hirshon

Mailing Address 1062 River Bay Rd

City

Annapolis

State

MD

Zip Code

21409-4830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MD ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C714811

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Larry Hobbs

Mailing Address 12717 Brewster Dr

City

Ft Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
SW Florida Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C614121

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 102 / 316

(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

Mailing Address 12717 Brewster Dr

City

Ft Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
SW Florida Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C682034

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Larry Hobbs

Mailing Address 12717 Brewster Dr

City

Ft Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
SW Florida Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C703589

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Larry Hobbs

Mailing Address 12717 Brewster Dr

City

Ft Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
SW Florida Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C714814

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 103 / 316

(check only one)

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

Mailing Address 12717 Brewster Dr

City

Ft Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
SW Florida Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730913

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Larry Hobbs

Mailing Address 12717 Brewster Dr

City

Ft Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
SW Florida Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C744396

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Kenneth L L Holbert

Mailing Address 130 Laurel Hill Dr

City

Smyrna

State

TN

Zip Code

37167-4907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harton Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: C725952

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1166.66

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 104 / 316

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert Holland

Mailing Address 907 Kingsbury Ct

City

Allen

State

TX

Zip Code

75013-5357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Robert Holland

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	0	9

Transaction ID: C740003

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Stephen Timothy Timothy Holland

Mailing Address 15 Beach Ave

City

Watertown

State

CT

Zip Code

06795-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Marys Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	0	9

Transaction ID: C739988

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Roy S S Horras

Mailing Address 701 S Elmwood Ave

City

Oak Park

State

IL

Zip Code

60304-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept of Emergency Medicine

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C719605

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 105 / 316

(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)

Hans Roberts Roberts House

Mailing Address 200 Hawkins Dr # GHC43

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Iowa Hosp & Clinics

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	9	

Transaction ID: C713448

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael James James Howard

Mailing Address HC 74 Box 24514

City

El Prado

State

NM

Zip Code

87529-9546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Taos Integrated Med Svc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C735737

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Helen Hsu

Mailing Address 1008 Old Coach Rd

City

Chesapeake

State

VA

Zip Code

23322-6811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Helen Hsu

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	9	

Transaction ID: C714462

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 106 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Nicklos Nicklos Hughes

Mailing Address 19338 Whispering Hill Dr

City

Bristol

State

IN

Zip Code

46507-8409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elkhart 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 Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C740012

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Delwin Michael Michael Hunt

Mailing Address 10742 Cougar Canyon

City

Littleton

State

CO

Zip Code

80124-9525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish 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 4 / 1 4 / 2 0 0 9

Transaction ID: C709536

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Phillip D D Hunt

Mailing Address 7308 Duckabush Ln

City

Silverdale

State

WA

Zip Code

98383-9342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Phillip D Hunt

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 6 / 1 7 / 2 0 0 9

Transaction ID: C740006

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 107 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Marc P P Hyde

Mailing Address 1200 E 3900 S

City

Salt Lake City

State

UT

Zip Code

84124-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Marks Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C740036

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Peter Dewitt Dewitt Hyman, Jr

Mailing Address 541 Fairway Dr

City

Florence

State

SC

Zip Code

29501-5507

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLeod Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C740035

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Raymond Iannaccone

Mailing Address 25 Oakwood Rd

City

Allendale

State

NJ

Zip Code

07401-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMA NY

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: C706184

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 108 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ronald Iverson

Mailing Address 4935 S Scenic Rt

City

Casper

State

WY

Zip Code

82601-6714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C712188

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Peter J J Jacoby

Mailing Address 167 Sprain Brook Rd

City

Woodbury

State

CT

Zip Code

06798-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Marys Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: C713465

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John C C Johnson

Mailing Address 1758 Clifty Creek Ct

City

Valparaiso

State

IN

Zip Code

46385-6151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. John C Johnson

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 6 / 0 3 / 2 0 0 9

Transaction ID: C732485

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 109 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John C C Johnson

Mailing Address 1758 Clifty Creek Ct

City

Valparaiso

State

IN

Zip Code

46385-6151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. John C Johnson

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 6 / 0 9 / 2 0 0 9

Transaction ID: C735725

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ramon W W Johnson

Mailing Address 210 Santa Rosa Ct
Apt 1021

City

Laguna Bch

State

CA

Zip Code

92651-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mission 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 6 / 1 7 / 2 0 0 9

Transaction ID: C740026

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Eric Wayne Wayne Jordan

Mailing Address 6 Tuckahoe

City

Hattiesburg

State

MS

Zip Code

39402-7789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Eric Wayne Jordan

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: C709801

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 C Jorden

Mailing Address 85 Masonic St

City

Rockland

State

ME

Zip Code

04841-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penobscot Bay Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C719562

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert C C Jorden

Mailing Address 85 Masonic St

City

Rockland

State

ME

Zip Code

04841-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penobscot Bay Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C725557

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Alan Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C614125

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Alan Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C682036

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Alan Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C703580

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Alan Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C714812

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

FOR LINE NUMBER: PAGE 112 / 316

(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 Alan Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730905

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Alan Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C744406

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Nicholas John 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 Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: C743557

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 113 / 316

(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)

Costas Andreas Andreas Kaiafas

Mailing Address 910 Cnty Club Rd

City

Bridgewater

State

NJ

Zip Code

08807-1174

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 ▼

500.00

Date of Receipt

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

Transaction ID: C708768

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City

Orange Park

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 ▼

249.99

Date of Receipt

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

Transaction ID: C713868

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City

Orange Park

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 ▼

249.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	9

Transaction ID: C730896

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

666.66

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 114 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City

Orange Park

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 ▼

249.99

Date of Receipt

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

Transaction ID: C744387

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Eve K Kaiyala

Mailing Address 1009 5th Ave W

City

Seattle

State

WA

Zip Code

98119-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Puget Sound Emerg Phys Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686215

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Rodney C C Kang

Mailing Address 2420 Sandlake Rd

City

Longwood

State

FL

Zip Code

32779-5811

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL 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 4 / 2 4 / 2 0 0 9

Transaction ID: C713823

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1333.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 ▼

599.98

Date of Receipt

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

Transaction ID: C614106

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 ▼

599.98

Date of Receipt

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

Transaction ID: C682051

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 ▼

599.98

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: C691419

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

266.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 ▼

599.98

Date of Receipt

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

Transaction ID: C703573

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 ▼

599.98

Date of Receipt

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

Transaction ID: C714804

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 ▼

599.98

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730893

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 117 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 ▼

599.98

Date of Receipt

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

Transaction ID: C744415

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Marylu Kataja

Mailing Address 5930 Moray Ct

City

Concord

State

NC

Zip Code

28027-6438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabarrus Emer Med Assoc

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 Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: C735723

Amount of Each Receipt this Period

260.00

C.

Full Name (Last, First, Middle Initial)

John Joseph Joseph Kelly

Mailing Address 8617 Seminole St

City

Philadelphia

State

PA

Zip Code

19118-3728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Einstein Practice Plan

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 4 / 0 6 / 2 0 0 9

Transaction ID: C706209

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

843.33

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 118 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 E E Kemmerer

Mailing Address 64 Central St

City

Hallowell

State

ME

Zip Code

04347-1203

FEC ID number of contributing
federal political committee.

C

Name of Employer
ME Gen Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743727

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dale E E Kester

Mailing Address PO Box 769

City

Tucumcari

State

NM

Zip Code

88401-0769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr Dan C Trigg Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: C742105

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Bradford A A Kilcline

Mailing Address 225 7th Ave

City

Kirkland

State

WA

Zip Code

98033-5530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Overlake 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 Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686208

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 119 / 316

(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 M M King

Mailing Address 24365 Wilderness Oak

City

San Antonio

State

TX

Zip Code

78258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metropolitan Methodist Hos-
pital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C731422

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Paul Daniel Daniel Kivela

Mailing Address 1370 Trancas # 336

City

Napa

State

CA

Zip Code

94558-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Paul Daniel Kivela

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	9

Transaction ID: C740033

Amount of Each Receipt this Period

2400.00

C.

Full Name (Last, First, Middle Initial)

Kevin Michael Michael Klauer

Mailing Address 4281 Glenmoor Rd NW

City

Canton

State

OH

Zip Code

44718-2255

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP Ltd

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

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

Transaction ID: C604608

Amount of Each Receipt this Period

2250.00

SUBTOTAL of Receipts This Page (optional)

4900.00

TOTAL This Period (last page this line number 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 / 316

(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 Michael Michael Klauer

Mailing Address 4281 Glenmoor Rd NW

City

Canton

State

OH

Zip Code

44718-2255

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP Ltd

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

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

Transaction ID: C608187

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kevin Michael Michael Klauer

Mailing Address 4281 Glenmoor Rd NW

City

Canton

State

OH

Zip Code

44718-2255

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP Ltd

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

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

Transaction ID: C614151

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Kevin Michael Michael Klauer

Mailing Address 4281 Glenmoor Rd NW

City

Canton

State

OH

Zip Code

44718-2255

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP Ltd

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

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

Transaction ID: C714805

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 121 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin P P Kooiker

Mailing Address 151 Lake Ave N # 100A
Apt 100A

City State Zip Code
Spicer MN 56288-8605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rice 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 6 / 1 7 / 2 0 0 9

Transaction ID: C739995

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Scott Jason Korvek

Mailing Address 1212 Lakemont Drive

City State Zip Code
Pittsburgh PA 15243-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Specialty Pract-
ices Network

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C608804

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Scott Jason Korvek

Mailing Address 1212 Lakemont Drive

City State Zip Code
Pittsburgh PA 15243-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Specialty Pract-
ices Network

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C682077

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 122 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Scott Jason Korvek

Mailing Address 1212 Lakemont Drive

City

Pittsburgh

State

PA

Zip Code

15243-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Specialty Pract-
ices Network

Occupation
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 3 / 2 6 / 2 0 0 9

Transaction ID: C691722

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Scott Jason Korvek

Mailing Address 1212 Lakemont Drive

City

Pittsburgh

State

PA

Zip Code

15243-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Specialty Pract-
ices Network

Occupation
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 4 / 2 8 / 2 0 0 9

Transaction ID: C714069

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Scott Jason Korvek

Mailing Address 1212 Lakemont Drive

City

Pittsburgh

State

PA

Zip Code

15243-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Specialty Pract-
ices Network

Occupation
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 5 / 2 6 / 2 0 0 9

Transaction ID: C725648

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 123 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Scott Jason Korvek

Mailing Address 1212 Lakemont Drive

City

Pittsburgh

State

PA

Zip Code

15243-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Specialty Pract-
ices Network

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C743749

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Suvir Philip Philip Koor

Mailing Address 700 Muirwood Dr NE

City

Warren

State

OH

Zip Code

44484-4136

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC Horizon

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: C722133

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Paul Andrew Andrew Kozak

Mailing Address 21925 N Calle Royale

City

Scottsdale

State

AZ

Zip Code

85255-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C740021

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 124 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 S Kruger

Mailing Address PO Box 1209

City

Sanford

State

FL

Zip Code

32772-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C713842

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Steven Kulick

Mailing Address 13206 N Hawthorne Ct

City

Megunon

State

WI

Zip Code

53097-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: C714420

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Thomas Kunisaki

Mailing Address 8873 Canterbury Cove Ct

City

Jacksonville

State

FL

Zip Code

32256-4580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C735741

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number 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 / 316

(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 F F Kupas

Mailing Address 209 Abbey Rd

City

Danville

State

PA

Zip Code

17821-8422

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
0	6	/	3	0	/	2	0	0	9

Transaction ID: C745988

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Juliet La Mers

Mailing Address 2655 Mace Rd

City

Camino

State

CA

Zip Code

95709-9609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marshall Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C719615

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Erik R R Lacy

Mailing Address 1120 Wickford Cir

City

Modesto

State

CA

Zip Code

95355-4121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Erik R Lacy

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: C712207

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 126 / 316

(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)

Erik R R Lacy

Mailing Address 1120 Wickford Cir

City

Modesto

State

CA

Zip Code

95355-4121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Erik R Lacy

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 5 / 2 1 / 2 0 0 9

Transaction ID: C725614

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Joseph P P Lang

Mailing Address 3542 Colmar Quarter

City

Norfolk

State

VA

Zip Code

23509-1247

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 ▼

500.00

Date of Receipt

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

Transaction ID: C735765

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Gary W W Langston

Mailing Address 906 Shady Bend Dr

City

Kennedale

State

TX

Zip Code

76060-5493

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Peter Smith Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: C732480

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 127 / 316

(check only one)

<input checked="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)

Linda L L Lawrence

Mailing Address 3397 Pebble Beach Ct

City

Fairfield

State

CA

Zip Code

94534-8308

FEC ID number of contributing
federal political committee.

C

Name of Employer
60 MDG/SGH

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: C713478

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ian Brett 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: C742134

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Darin J 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 ▼

250.00

Date of Receipt

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

Transaction ID: C735938

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 128 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John McMullen McMullen Lemery

Mailing Address 619 E 11th St Apt 1B
Apt 1B

City State Zip Code
New York NY 10009-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Presbyterian Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C614116

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

John McMullen McMullen Lemery

Mailing Address 619 E 11th St Apt 1B
Apt 1B

City State Zip Code
New York NY 10009-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Presbyterian Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C682041

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

John McMullen McMullen Lemery

Mailing Address 619 E 11th St Apt 1B
Apt 1B

City State Zip Code
New York NY 10009-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Presbyterian Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C703572

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 129 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John McMullen McMullen Lemery

Mailing Address 619 E 11th St Apt 1B
Apt 1B

City State Zip Code
New York NY 10009-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Presbyterian Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C714806

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

John McMullen McMullen Lemery

Mailing Address 619 E 11th St Apt 1B
Apt 1B

City State Zip Code
New York NY 10009-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Presbyterian Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730890

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

John McMullen McMullen Lemery

Mailing Address 619 E 11th St Apt 1B
Apt 1B

City State Zip Code
New York NY 10009-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Presbyterian Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C744399

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 130 / 316

(check only one)

<input checked="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)

Brian J J Levine

Mailing Address 1824 Wawaset St

City

Wilmington

State

DE

Zip Code

19806-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christiana Care Hlth Syst

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743697

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Susan J J Lewis

Mailing Address 1722 Kearsarge Rd

City

La Jolla

State

CA

Zip Code

92037-3828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital & Medical
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: C742107

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Timothy E E Lietz

Mailing Address 7331 Baltusrol

City

Charlotte

State

NC

Zip Code

28210-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Timothy E Lietz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: C707055

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

517.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 E E Lietz

Mailing Address 7331 Baltusrol

City

Charlotte

State

NC

Zip Code

28210-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Timothy E Lietz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: C707092

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Timothy E E Lietz

Mailing Address 7331 Baltusrol

City

Charlotte

State

NC

Zip Code

28210-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Timothy E Lietz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: C707099

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Timothy E E Lietz

Mailing Address 7331 Baltusrol

City

Charlotte

State

NC

Zip Code

28210-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Timothy E Lietz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

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

Transaction ID: C725609

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

134.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

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

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Timothy E E Lietz

Mailing Address 7331 Baltusrol

City

Charlotte

State

NC

Zip Code

28210-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Timothy E Lietz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

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

Transaction ID: C743823

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Timothy E E Lietz

Mailing Address 7331 Baltusrol

City

Charlotte

State

NC

Zip Code

28210-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Timothy E Lietz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

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

Transaction ID: C743840

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Timothy E E Lietz

Mailing Address 7331 Baltusrol

City

Charlotte

State

NC

Zip Code

28210-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Timothy E Lietz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

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

Transaction ID: C743878

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 H H Lindsey

Mailing Address 2900 Glendora St

City

Austin

State

TX

Zip Code

78738-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. William H Lindsey

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 6 / 0 1 / 2 0 0 9

Transaction ID: C731439

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert W W Linkenheimer

Mailing Address 101 S Chancellor St

City

Newtown

State

PA

Zip Code

18940-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doylestown Emer Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743703

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

M Scott Linscott, Jr

Mailing Address 8157 Spectrum Cv

City

Sandy

State

UT

Zip Code

84093-5408

FEC ID number of contributing
federal political committee.

C

Name of Employer
1150 Moran Bldg

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 1 / 2 6 / 2 0 0 9

Transaction ID: C609387

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 134 / 316

(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)

Gretchen K K Lipke

Mailing Address 600 Ponte Vedra Blvd Unit 402
Unit 402

City	State	Zip Code
Ponte Vedra Bch	FL	32082-4709

FEC ID number of contributing
federal political committee.**C**Name of Employer
Dr. Gretchen K LipkeOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	9

Transaction ID: C711421

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael S S Lippe

Mailing Address 40 Hutton Dr

City	State	Zip Code
Mahwah	NJ	07430-2986

FEC ID number of contributing
federal political committee.**C**Name of Employer
Good Samaritan HospOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C744370

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jorge Lopez-Ferrer

Mailing Address 1476 Chippewa Ln

City	State	Zip Code
Geneva	FL	32732-9183

FEC ID number of contributing
federal political committee.**C**Name of Employer
FL Emer Phys Kang & 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	4		2	4		2	0	0	9

Transaction ID: C713829

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 135 / 316

(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 K 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 ▼

1000.00

Date of Receipt

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

Transaction ID: C735736

Amount of Each Receipt this Period

1000.00

B.

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 ▼

750.00

Date of Receipt

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

Transaction ID: C713861

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730892

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 136 / 316

(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 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 ▼

750.00

Date of Receipt

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

Transaction ID: C744424

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Thomas W W Lukens

Mailing Address 15503 Clifton Blvd

City

Lakewood

State

OH

Zip Code

44107-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metro Hlth Med Ctr Dept
of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: C714494

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

Thomas W Lukens

Mailing Address Dept Emergency Medicine, MetroHeal
2500 Metrohealth Drive

City

Cleveland

State

OH

Zip Code

44107-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer
MetroHealth Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C745866

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Peter Lultschik

Mailing Address 10340 Cutter Rd

City

Meadville

State

PA

Zip Code

16335-6586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meadville Emerg Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: C725986

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Peter Lultschik

Mailing Address 10340 Cutter Rd

City

Meadville

State

PA

Zip Code

16335-6586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meadville Emerg Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C740011

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Nathan Raymond Raymond MacDonald

Mailing Address 17 Youle St

City

Melrose

State

MA

Zip Code

02176-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merrimack Valley Emer Ass-
oc

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 6 / 2 5 / 2 0 0 9

Transaction ID: C743734

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 138 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ronald J J Mack

Mailing Address 53 Fellswood Dr

City

Essex Fells

State

NJ

Zip Code

07021-1816

FEC ID number of contributing
federal political committee.

C

Name of Employer
PSE & G Med 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 Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: C714413

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kevin E E Mackey

Mailing Address 9957 Castelli Ct

City

Elk Grove

State

CA

Zip Code

95757-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C614122

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kevin E E Mackey

Mailing Address 9957 Castelli Ct

City

Elk Grove

State

CA

Zip Code

95757-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C682037

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 139 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin E E Mackey

Mailing Address 9957 Castelli Ct

City

Elk Grove

State

CA

Zip Code

95757-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C703552

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mark L L Mackey

Mailing Address 1740 W Taylor St # 722

City

Chicago

State

IL

Zip Code

60612-7232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of IL C(H) - Room 16-00

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 4 / 2 4 / 2 0 0 9

Transaction ID: C713843

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Bruce Alan Alan MacLeod

Mailing Address 1515 Mohican Dr

City

Pittsburgh

State

PA

Zip Code

15228-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPP-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 4 / 2 0 / 2 0 0 9

Transaction ID: C712211

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 140 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Douglas Robert Robert Mailly

Mailing Address 119 Russell Street

City

Cornwall

State

NY

Zip Code

12518-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C649933

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Douglas Robert Robert Mailly

Mailing Address 119 Russell Street

City

Cornwall

State

NY

Zip Code

12518-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C736677

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Robert T T Malinowski

Mailing Address 660 Norborne Ave

City

Dearborn Hts

State

MI

Zip Code

48127-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Ctr Emer Svcs

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: C707129

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 141 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 A A Marcucci

Mailing Address 21 Darby Ln

City

Bedford

State

NH

Zip Code

03110-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elliot Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: C709810

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Richard A A Marcucci

Mailing Address 21 Darby Ln

City

Bedford

State

NH

Zip Code

03110-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elliot Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: C724069

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Otto J J Marquez

Mailing Address 7011 Lakewood Blvd

City

Dallas

State

TX

Zip Code

75214-3559

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C740014

Amount of Each Receipt this Period

1000.00

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 142 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 W W Marshall

Mailing Address 15450 SE 67th St

City

Bellevue

State

WA

Zip Code

98006-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Overlake 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 3 / 0 6 / 2 0 0 9

Transaction ID: C686219

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Suzanne Jean Martens

Mailing Address 38 Lake Breeze Lane

City

Random Lake

State

WI

Zip Code

53075-1679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinity HealthCare

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 3 / 1 8 / 2 0 0 9

Transaction ID: C689150

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Suzanne Jean Jean Martens

Mailing Address 38 Lake Breeze Ln

City

Random Lake

State

WI

Zip Code

53075-1679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinity Healthcare

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: C714421

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 143 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jenna Mason-Plunkett

Mailing Address 2607 Western Ave Unit 502
Apt 502

City State Zip Code
Seattle WA 98121-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Puget Sound 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 3 / 0 6 / 2 0 0 9

Transaction ID: C686221

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Bonnie B B Mattheaus

Mailing Address PO Box 7270

City State Zip Code
Wilmington DE 19803-0270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Ctr of Delaware ED

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C740025

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

C L L McArthur, III

Mailing Address 11 Cardiff

City State Zip Code
Laguna Niguel CA 92677-2936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Desert Reg Med Ctr

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: C614140

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

1475.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

<input checked="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)

William E E McConnell

Mailing Address 19122 Harbor Bridge Ln

City

Lutz

State

FL

Zip Code

33558-9717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. William E McConnell

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743731

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gordon S S McCreddie

Mailing Address 41720 SE 142nd St

City

N Bend

State

WA

Zip Code

98045-8404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Puget Sound Phys Emerg De-
pt

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686212

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John McDermott

Mailing Address 1007 Shote Dr

City

Brielle

State

NJ

Zip Code

08730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. John McDermott

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C744374

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 145 / 316

(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 John John McDevitt

Mailing Address 800 S Gaylord St

City

Denver

State

CO

Zip Code

80209-4632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carepoint PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C719556

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Richard M M McDowell

Mailing Address 75-816 #D Hiona St

City

Holualoa

State

HI

Zip Code

96725-9601

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 ▼

350.00

Date of Receipt

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

Transaction ID: C614161

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Richard M M McDowell

Mailing Address 75-816 #D Hiona St

City

Holualoa

State

HI

Zip Code

96725-9601

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 ▼

350.00

Date of Receipt

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

Transaction ID: C684443

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 M M McDowell

Mailing Address 75-816 #D Hiona St

City

Holualoa

State

HI

Zip Code

96725-9601

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: C722128

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

James A A McEnrue

Mailing Address 1118 Garden St

City

Hoboken

State

NJ

Zip Code

07030-4305

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743713

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Douglas L L McGee

Mailing Address 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 Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: C614165

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 147 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Douglas L L McGee

Mailing Address 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 5 / 2 8 / 2 0 0 9

Transaction ID: C730898

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dennis Lucas 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 ▼

600.00

Date of Receipt

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

Transaction ID: C614160

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dennis Lucas 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 ▼

600.00

Date of Receipt

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

Transaction ID: C714798

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 148 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 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 ▼

600.00

Date of Receipt

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

Transaction ID: C736660

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Geoffrey J J McKinzie

Mailing Address 11144 E Victoria St
Unit 224

City

Chandler

State

AZ

Zip Code

85248-7811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chandler Regl 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 6 / 0 4 / 2 0 0 9

Transaction ID: C733145

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Geoffrey J J McKinzie

Mailing Address 11144 E Victoria St
Unit 224

City

Chandler

State

AZ

Zip Code

85248-7811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chandler Regl 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 6 / 1 7 / 2 0 0 9

Transaction ID: C739994

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 149 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Monica M M McMillan

Mailing Address 4027 Sisteron Ct

City

Merced

State

CA

Zip Code

95348-9540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Med Ctr Merced

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: C709798

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mary Jo Jo McMullen

Mailing Address 809 Belleau Wood Dr

City

Akron

State

OH

Zip Code

44303-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gen Emerg Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: C706234

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth A A McMurtry

Mailing Address 3424 S Ranch House Ln

City

Kingman

State

AZ

Zip Code

86401-8633

FEC ID number of contributing
federal political committee.

C

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

Transaction ID: C739730

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 150 / 316

(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)

Elizabeth A A McMurtry

Mailing Address 3424 S Ranch House Ln

City

Kingman

State

AZ

Zip Code

86401-8633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kingman Regl 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 Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C739981

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

William Joel 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
Emerg Med, PCMH, 3ED-311

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: C614157

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

William Joel 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
Emerg Med, PCMH, 3ED-311

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: C682054

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

1170.00

TOTAL This Period (last page this line number 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 / 316

(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)

William Joel 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
Emerg Med, PCMH, 3ED-311

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: C703562

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

William Joel 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
Emerg Med, PCMH, 3ED-311

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: C714803

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

William Joel 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
Emerg Med, PCMH, 3ED-311

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730889

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

<input checked="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)

William Joel 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
Emerg Med, PCMH, 3ED-311

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: C744417

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Jacob Mark Mark Meredith, III

Mailing Address 1231A Rt 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cmnty Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C614105

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jacob Mark Mark Meredith, III

Mailing Address 1231A Rt 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cmnty Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C682052

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number 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 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Mark Meredith, III

Mailing Address 1231A Rt 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cmnty Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C703571

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jacob Mark Mark Meredith, III

Mailing Address 1231A Rt 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cmnty Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C714802

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jacob Mark Mark Meredith, III

Mailing Address 1231A Rt 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cmnty Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730900

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 154 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Mark Meredith, III

Mailing Address 1231A Rt 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cmmty Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C744420

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David L L Meyers

Mailing Address 2301 Ken Oak Rd

City

Baltimore

State

MD

Zip Code

21209-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer
EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C614147

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David L L Meyers

Mailing Address 2301 Ken Oak Rd

City

Baltimore

State

MD

Zip Code

21209-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer
EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C682050

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 155 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 L Meyers

Mailing Address 2301 Ken Oak Rd

City

Baltimore

State

MD

Zip Code

21209-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer
EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C703559

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David L L Meyers

Mailing Address 2301 Ken Oak Rd

City

Baltimore

State

MD

Zip Code

21209-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer
EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C714799

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David L L Meyers

Mailing Address 2301 Ken Oak Rd

City

Baltimore

State

MD

Zip Code

21209-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer
EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730897

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 156 / 316

(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 L L Meyers

Mailing Address 2301 Ken Oak Rd

City

Baltimore

State

MD

Zip Code

21209-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer
EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C744410

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kevin Scott Scott Mickelson

Mailing Address 15050 Sundown Dr

City

Bismarck

State

ND

Zip Code

58503-9207

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: C745978

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Erik Charles Charles Miller

Mailing Address 1744 Leisure Ln

City

Yakima

State

WA

Zip Code

98908-9224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yakima Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	0	9

Transaction ID: C732466

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 157 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Taylor Taylor Miller

Mailing Address 5595 Williams Rd

City

North East

State

PA

Zip Code

16428-4825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hamot Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: C710966

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Thomas T T Miller

Mailing Address 1035 116th Ave NE

City

Bellevue

State

WA

Zip Code

98004-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Overlake Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686205

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John S S Milne

Mailing Address 530 Wilderness Peak Dr NW

City

Issaquah

State

WA

Zip Code

98027-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastside Emer Phys PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C614145

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

1083.33

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 158 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John S S Milne

Mailing Address 530 Wilderness Peak Dr NW

City

Issaquah

State

WA

Zip Code

98027-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastside Emer Phys PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C682044

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

John S S Milne

Mailing Address 530 Wilderness Peak Dr NW

City

Issaquah

State

WA

Zip Code

98027-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastside Emer Phys PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C703558

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

John S S Milne

Mailing Address 530 Wilderness Peak Dr NW

City

Issaquah

State

WA

Zip Code

98027-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastside Emer Phys PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C714800

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 159 / 316

(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 S S Milne

Mailing Address 530 Wilderness Peak Dr NW

City

Issaquah

State

WA

Zip Code

98027-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastside Emer Phys PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730895

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

John S S Milne

Mailing Address 530 Wilderness Peak Dr NW

City

Issaquah

State

WA

Zip Code

98027-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastside Emer Phys PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C744398

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

James C 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 4 / 2 3 / 2 0 0 9

Transaction ID: C713466

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1166.66

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 160 / 316

(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)

August James James Mitchon

Mailing Address 11004 Spicewood Club Dr

City

Austin

State

TX

Zip Code

78750-2844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Emergency Associa-
tes

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C725642

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

August James James Mitchon

Mailing Address 11004 Spicewood Club Dr

City

Austin

State

TX

Zip Code

78750-2844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Emergency Associa-
tes

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	9	

Transaction ID: C740004

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jack Henry Henry Mitsifer

Mailing Address 4877 Squire Dr

City

Sagamore Hls

State

OH

Zip Code

44067-3287

FEC ID number of contributing
federal political committee.

C

Name of Employer
GEMS

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C614136

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 161 / 316

(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 ▼

250.00

Date of Receipt

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

Transaction ID: C713863

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John D D Moorehouse

Mailing Address 3233 Thomas Ave

City

Montgomery

State

AL

Zip Code

36106-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer
ER - Med LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: C742098

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John D D Moorehouse

Mailing Address 3233 Thomas Ave

City

Montgomery

State

AL

Zip Code

36106-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer
ER - Med LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743711

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 162 / 316

(check only one)

<input checked="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)

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C725556

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John C C Moorhead

Mailing Address 4138 SW Hamilton Ter

City

Portland

State

OR

Zip Code

97239-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Hlth Sci Univ CDW-
EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C712554

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert L L Morris

Mailing Address 2344 4 Mile Rd NE

City

Grand Rapids

State

MI

Zip Code

49525-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metro Hlth Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: C714469

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 163 / 316

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrew Edward Edward Morrison

Mailing Address 80 W Hance Trl

City

Flagstaff

State

AZ

Zip Code

86001-8396

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Andrew Edward Morrison

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	9	

Transaction ID: C742080

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Thomas J J Mullin, Jr

Mailing Address 1192 Betsy Ross Pl

City

Bolingbrook

State

IL

Zip Code

60490-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	9	

Transaction ID: C707128

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Daniel G 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 Emerg Care PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C614129

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 164 / 316

(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)

Daniel G 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 Emerg Care PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C682048

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Daniel G 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 Emerg Care PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C703556

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Daniel G 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 Emerg Care PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C714801

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 165 / 316

(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)

Daniel G 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 Emerg Care PC

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 5 / 2 8 / 2 0 0 9

Transaction ID: C730885

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Daniel G 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 Emerg Care PC

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 6 / 2 9 / 2 0 0 9

Transaction ID: C744423

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Annette Raquel Raquel Nathan

Mailing Address 2699 Killkenny Ct

City

Springfield

State

OH

Zip Code

45503-1164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community 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 6 / 3 0 / 2 0 0 9

Transaction ID: C746001

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 166 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven Nazario

Mailing Address 7597 St Stephens Ct

City

Orlando

State

FL

Zip Code

32835-6526

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys

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 4 / 2 4 / 2 0 0 9

Transaction ID: C713827

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Damon J J Negri

Mailing Address 47 Clearwater Dr

City

Dover

State

NH

Zip Code

03820-9109

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Paladin 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 Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: C720371

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Tina J J Neiders

Mailing Address 900 Lakeside Ave S

City

Seattle

State

WA

Zip Code

98144-3320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Hosp and Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686207

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 167 / 316

(check only one)

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

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ira R R Nemeth

Mailing Address 3225 Turtle Creek Blvd Apt 134
Apt 134City State Zip Code
Dallas TX 75219-5457FEC ID number of contributing
federal political committee.**C**Name of Employer
Dr. Ira R NemethOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C614135

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Ira R R Nemeth

Mailing Address 3225 Turtle Creek Blvd Apt 134
Apt 134City State Zip Code
Dallas TX 75219-5457FEC ID number of contributing
federal political committee.**C**Name of Employer
Dr. Ira R NemethOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C682045

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Ira R R Nemeth

Mailing Address 3225 Turtle Creek Blvd Apt 134
Apt 134City State Zip Code
Dallas TX 75219-5457FEC ID number of contributing
federal political committee.**C**Name of Employer
Dr. Ira R NemethOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C703566

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 168 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 R Nemeth

Mailing Address 3225 Turtle Creek Blvd Apt 134
Apt 134

City State Zip Code
Dallas TX 75219-5457

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 ▼

900.00

Date of Receipt

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

Transaction ID: C714777

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Ira R R Nemeth

Mailing Address 3225 Turtle Creek Blvd Apt 134
Apt 134

City State Zip Code
Dallas TX 75219-5457

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730884

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Ira R R Nemeth

Mailing Address 3225 Turtle Creek Blvd Apt 134
Apt 134

City State Zip Code
Dallas TX 75219-5457

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 ▼

900.00

Date of Receipt

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

Transaction ID: C744419

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 169 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Barry M M Nemon

Mailing Address 1922 Day St

City

Ann Arbor

State

MI

Zip Code

48104-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chelsea 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 Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: C706252

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Barry M M Nemon

Mailing Address 1922 Day St

City

Ann Arbor

State

MI

Zip Code

48104-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chelsea 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 Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741863

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Barry M M Nemon

Mailing Address 1922 Day St

City

Ann Arbor

State

MI

Zip Code

48104-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chelsea 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 Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: C741869

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 170 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Vivien Newbold

Mailing Address 509 Graham School Rd

City

Gallipolis

State

OH

Zip Code

45631-9133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Vivien Newbold

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C735746

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John O Newcomb

Mailing Address 15643 Compass Dr

City

Northport

State

AL

Zip Code

35475-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Care

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: C742077

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Douglas Edward Newton

Mailing Address 7320 N Canyon View PR NE

City

Benton City

State

WA

Zip Code

99320-9582

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Douglas Edward Newton

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C719572

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 171 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Douglas Edward Edward Newton

Mailing Address 7320 N Canyon View PR NE

City

Benton City

State

WA

Zip Code

99320-9582

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Douglas Edward Newton

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 5 / 1 4 / 2 0 0 9

Transaction ID: C722114

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dzung Young M Young M Nguyen

Mailing Address 4600 Fairbanks Dr Apt 1125
Apt 1125

City

El Paso

State

TX

Zip Code

79924-3746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Dzung Young M Nguyen

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 6 / 0 1 / 2 0 0 9

Transaction ID: C731420

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Patricia Nichols

Mailing Address 911 Home Grove Dr

City

Winter Garden

State

FL

Zip Code

34787-6514

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL 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 Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: C713833

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 172 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 R Nickel

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 ▼

600.00

Date of Receipt

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

Transaction ID: C614143

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey R R Nickel

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 ▼

600.00

Date of Receipt

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

Transaction ID: C682039

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey R R Nickel

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 ▼

600.00

Date of Receipt

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

Transaction ID: C703570

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 173 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 R Nickel

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 ▼

600.00

Date of Receipt

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

Transaction ID: C714794

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey R R Nickel

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730894

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey R R Nickel

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 ▼

600.00

Date of Receipt

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

Transaction ID: C744413

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 174 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Nicker

Mailing Address 10503 Greensprings Dr

City

Tampa

State

FL

Zip Code

33626-1724

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 6 / 0 9 / 2 0 0 9

Transaction ID: C735734

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Brian Nobie

Mailing Address 2107 Willow Lauren Ln

City

Windermer

State

FL

Zip Code

34786-6016

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL 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 4 / 2 4 / 2 0 0 9

Transaction ID: C713841

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Craig Norquist

Mailing Address PO Box 2808

City

Scottsdale

State

AZ

Zip Code

85252-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: C713476

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 175 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Raymond Raymond Norwid

Mailing Address 8224 Teakwood Point

City

Woodway

State

TX

Zip Code

76712-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillcrest Baptist Medical
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743733

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Scott Warren Warren Nowlin

Mailing Address 2301 S Mopac Expy # 1021
Apt 1021

City

Austin

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Scott Warren Nowlin

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 6 / 1 7 / 2 0 0 9

Transaction ID: C740037

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Scott Warren Warren Nowlin

Mailing Address 2301 S Mopac Expy # 1021
Apt 1021

City

Austin

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Scott Warren Nowlin

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 6 / 3 0 / 2 0 0 9

Transaction ID: C746047

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 176 / 316

(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)

Ron Nutovits

Mailing Address 39 King Arthur Ct

City

New City

State

NY

Zip Code

10956-6353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weiler

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C735715

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Lisa Marie Marie O'Grady

Mailing Address 1320 Webster St

City

Orlando

State

FL

Zip Code

32804-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Lisa Marie O'Grady

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C713835

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Carla S S ODay

Mailing Address 19425 Frazier Dr

City

Cleveland

State

OH

Zip Code

44116-1759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Carla S ODay

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	9

Transaction ID: C743707

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 177 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 P Olivieri

Mailing Address 18 Steeplechase Ln

City

Asbury

State

NJ

Zip Code

08802-1086

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: C706215

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Margaret A A Orcutt-Tuddenham

Mailing Address 8600 Willow Run Ct

City

Cincinnati

State

OH

Zip Code

45243-3448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Margaret A Orcutt-Tud-
denham

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C745984

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ernest Page, II

Mailing Address 11030 Ullswater Ln

City

Windermere

State

FL

Zip Code

34786-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C713845

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 178 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ketan Pandya

Mailing Address 13049 Water Pt Blvd

City

Windermere

State

FL

Zip Code

34786-5818

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Hosp Altamonte

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 4 / 2 4 / 2 0 0 9

Transaction ID: C713817

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Rebecca B B Parker

Mailing Address 5880 Highland Ln

City

Lakewood

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 ▼

500.00

Date of Receipt

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

Transaction ID: C614149

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Rebecca B B Parker

Mailing Address 5880 Highland Ln

City

Lakewood

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 ▼

500.00

Date of Receipt

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

Transaction ID: C714791

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 179 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kenneth Scott Scott Parks

Mailing Address 174 Red Oak Dr

City

Ville Platte

State

LA

Zip Code

70586-1984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Kenneth Scott Parks

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C724845

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

William C Parks

Mailing Address 2501 Limerick Ln

City

Columbia

State

MO

Zip Code

65203-1990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Physicians of
Mid Missouri

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: C735709

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Hetal Vipin Vipin Patel

Mailing Address 4 Brandy Ridge Rd

City

Sparta

State

NJ

Zip Code

07871-1781

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morristown Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743725

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 180 / 316

(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)

Charles F F Pattavina

Mailing Address 360 Broadway
360 BroadwayCity State Zip Code
Bangor ME 04401-3979FEC ID number of contributing
federal political committee.**C**Name of Employer
St Joseph 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 Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: C614169

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Charles F F Pattavina

Mailing Address 360 Broadway
360 BroadwayCity State Zip Code
Bangor ME 04401-3979FEC ID number of contributing
federal political committee.**C**Name of Employer
St Joseph 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 Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: C682053

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Charles F F Pattavina

Mailing Address 360 Broadway
360 BroadwayCity State Zip Code
Bangor ME 04401-3979FEC ID number of contributing
federal political committee.**C**Name of Employer
St Joseph 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 Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: C703555

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 181 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 F Pattavina

Mailing Address 360 Broadway
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

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 4 / 2 9 / 2 0 0 9

Transaction ID: C714778

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Charles F F Pattavina

Mailing Address 360 Broadway
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

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 5 / 2 8 / 2 0 0 9

Transaction ID: C730883

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Lee E E Payne

Mailing Address 904 Luke St

City State Zip Code
Travis AFB CA 94535-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer
David Grant Med Ctr

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C614163

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 182 / 316

(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)

Lee E E Payne

Mailing Address 904 Luke St

City

Travis AFB

State

CA

Zip Code

94535-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer
David Grant Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C682035

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Lee E E Payne

Mailing Address 904 Luke St

City

Travis AFB

State

CA

Zip Code

94535-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer
David Grant Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C703557

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Lee E E Payne

Mailing Address 904 Luke St

City

Travis AFB

State

CA

Zip Code

94535-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer
David Grant Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C714795

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 183 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 E Payne

Mailing Address 904 Luke St

City

Travis AFB

State

CA

Zip Code

94535-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer
David Grant Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730899

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Lee E E Payne

Mailing Address 904 Luke St

City

Travis AFB

State

CA

Zip Code

94535-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer
David Grant Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C744411

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Pamela K K Peak

Mailing Address 3250 W 100 S

City

Franklin

State

IN

Zip Code

46131-8681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Major Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: C711013

Amount of Each Receipt this Period

167.00

SUBTOTAL of Receipts This Page (optional)

367.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 184 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pamela K K Peak

Mailing Address 3250 W 100 S

City

Franklin

State

IN

Zip Code

46131-8681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Major Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730887

Amount of Each Receipt this Period

167.00

B.

Full Name (Last, First, Middle Initial)

Pamela K K Peak

Mailing Address 3250 W 100 S

City

Franklin

State

IN

Zip Code

46131-8681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Major Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

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

Transaction ID: C744412

Amount of Each Receipt this Period

167.00

C.

Full Name (Last, First, Middle Initial)

Daniel Eugene Eugene Peckenpaugh

Mailing Address 4107 Woodcreek Ct

City

Colleyville

State

TX

Zip Code

76034-4101

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEB Emergicare PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C719584

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1334.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 185 / 316

(check only one)

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

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Nathan Phillip Phillip Peimann

Mailing Address PO Box 20150

City

Juneau

State

AK

Zip Code

99802-0150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bartlett Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: C743893

Amount of Each Receipt this Period

550.00

B.

Full Name (Last, First, Middle Initial)

Vanessa C C Peluso

Mailing Address 1768 Elizabeths Walk

City

Winter Park

State

FL

Zip Code

32789-5948

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C713815

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John S S Phillips

Mailing Address 208 Topaz St

City

New Orleans

State

LA

Zip Code

70124-2634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mem Med Ctr Baptist

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C740009

Amount of Each Receipt this Period

250.00

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 186 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Cary Cary Pigman

Mailing Address 3100 Bonnett Creek Rd

City

Avon Park

State

FL

Zip Code

33825-7609

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Hosp Heartland Div

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 5 / 2 6 / 2 0 0 9

Transaction ID: C725956

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Edwin Cary Cary Pigman

Mailing Address 3100 Bonnett Creek Rd

City

Avon Park

State

FL

Zip Code

33825-7609

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Hosp Heartland Div

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 5 / 2 7 / 2 0 0 9

Transaction ID: C726227

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

W Randall Poole

Mailing Address 1110 SW Ivanhoe Blvd Apt 17
Apt 17

City

Orlando

State

FL

Zip Code

32804-6370

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL 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 Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: C713844

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 187 / 316

(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 ▼

600.00

Date of Receipt

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

Transaction ID: C614119

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ericka Powell

Mailing Address 40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C682042

Amount of Each Receipt this Period

100.00

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 ▼

600.00

Date of Receipt

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

Transaction ID: C703561

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 188 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 ▼

600.00

Date of Receipt

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

Transaction ID: C714787

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ericka Powell

Mailing Address 40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730888

Amount of Each Receipt this Period

100.00

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 ▼

600.00

Date of Receipt

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

Transaction ID: C744397

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 189 / 316

(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)

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 ▼

500.00

Date of Receipt

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

Transaction ID: C714780

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Andrew Prechtel

Mailing Address 14624 Old Vermillion Dr

City

Huntersville

State

NC

Zip Code

28078-5324

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	9

Transaction ID: C742086

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John Hannon Hannon Proctor

Mailing Address 320 Old Hickory Blvd #1200
Apt 1200

City

Nashville

State

TN

Zip Code

37221-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Southern Hls Med
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	0	9

Transaction ID: C706248

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 D D Pruett

Mailing Address PO Box 30279

City

Winston Salem

State

NC

Zip Code

27130-0279

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oldtown Immediate Care

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C735740

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Teresa M 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 6 / 0 9 / 2 0 0 9

Transaction ID: C735726

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Franz P Reichsman

Mailing Address 63 Chestnut Street

City

Brattleboro

State

VT

Zip Code

05301

FEC ID number of contributing
federal political committee.

C

Name of Employer
dartmouth-hitchcock

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 Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: C736713

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 191 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 S Reinfried

Mailing Address 1623 21st Ave E

City

Seattle

State

WA

Zip Code

98112-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Patrick S Reinfried

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 3 / 0 6 / 2 0 0 9

Transaction ID: C686218

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kathy Diana Diana Reschke

Mailing Address PO Box 993744

City

Redding

State

CA

Zip Code

96099-3744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shasta Emerg Med Grp MCA

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 5 / 0 5 / 2 0 0 9

Transaction ID: C719548

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Kathy Diana Diana Reschke

Mailing Address PO Box 993744

City

Redding

State

CA

Zip Code

96099-3744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shasta Emerg Med Grp MCA

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 6 / 2 4 / 2 0 0 9

Transaction ID: C743549

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Resnick

Mailing Address 1029 Cardinal Ln

City

Cherry Hill

State

NJ

Zip Code

08003-2943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Voorhees West Jersey Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C744371

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Barbara Jane Jane Reynolds

Mailing Address 5009 Lexington Rd

City

Paris

State

KY

Zip Code

40361-9046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankfort Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C678445

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Cheryl S S Reynolds

Mailing Address 996 Oakpoint Cir

City

Apopka

State

FL

Zip Code

32712-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C713819

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Daniel L L Richardson

Mailing Address 4149 Trillium Ct

City

Okemos

State

MI

Zip Code

48864-3165

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 ▼

250.00

Date of Receipt

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

Transaction ID: C735744

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Thomas Alan Richardson

Mailing Address 7945 Hughes Road

City

North Salem

State

IN

Zip Code

46165

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMS P.C.

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 3 / 1 8 / 2 0 0 9

Transaction ID: C689172

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David Carlos Carlos Riojas

Mailing Address 2602 Rogers Cir

City

San Antonio

State

TX

Zip Code

78258-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Santa Rosa Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C724837

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)
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FOR LINE NUMBER: PAGE 194 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 R Riser

Mailing Address 108 Balsamwood Ct

City

State

Zip Code

Cary

NC

27513-3456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mark R Riser

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C614138

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Mark R R Riser

Mailing Address 108 Balsamwood Ct

City

State

Zip Code

Cary

NC

27513-3456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mark R Riser

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C682038

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Mark R R Riser

Mailing Address 108 Balsamwood Ct

City

State

Zip Code

Cary

NC

27513-3456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mark R Riser

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C703569

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 316

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

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark R R Riser

Mailing Address 108 Balsamwood Ct

City

State

Zip Code

Cary

NC

27513-3456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mark R Riser

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C714781

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Mark R R Riser

Mailing Address 108 Balsamwood Ct

City

State

Zip Code

Cary

NC

27513-3456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mark R Riser

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730875

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Mark R R Riser

Mailing Address 108 Balsamwood Ct

City

State

Zip Code

Cary

NC

27513-3456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mark R Riser

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C744422

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 196 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Steven Steven Ritter

Mailing Address 321 Poppy Ave

City

Corona Del Mar

State

CA

Zip Code

92625-3024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mission Hospital Reg Med
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C735714

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Brian Jon Jon Robb

Mailing Address 1435 Woodbury Dr

City

Liberty

State

MO

Zip Code

64068-1266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Liberty Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C739997

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Richard Dean Dean Robinson

Mailing Address 3913 Regency Dr

City

Deer Park

State

TX

Zip Code

77536-6190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of TX at Houston

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C735934

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 197 / 316

(check only one)

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

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Claudette Rodriguez

Mailing Address 519 W 6th St
Apt 108D

City State Zip Code
Tempe AZ 85281-2862

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Claudette Rodriguez

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: C714463

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Maritza Rodriguez

Mailing Address 2336 Kettle Dr

City State Zip Code
Orlando FL 32835-8129

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL 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 4 / 2 4 / 2 0 0 9

Transaction ID: C713828

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kamala Rose

Mailing Address 1035 116th Ave NE

City State Zip Code
Bellevue WA 98004-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Kamala Rose

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686224

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Marshall Marshall Roselle

Mailing Address 12915 NE 77th Ct

City

Kirkland

State

WA

Zip Code

98033-8200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Overlake Hosp Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: C686211

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Alexander Max Max Rosenau

Mailing Address PO Box 689 JDMCC Ste 214

City

Allentown

State

PA

Zip Code

18105-1556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehigh Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C614108

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Alexander Max Max Rosenau

Mailing Address PO Box 689 JDMCC Ste 214

City

Allentown

State

PA

Zip Code

18105-1556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehigh Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C682030

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 199 / 316

(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)

Alexander Max Max Rosenau

Mailing Address PO Box 689 JDMCC Ste 214

City

Allentown

State

PA

Zip Code

18105-1556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehigh Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C735729

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert Craig Craig Rosenbloom

Mailing Address PO Box 5101

City

Culver City

State

CA

Zip Code

90231-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emerg 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	1	/	2	9	/	2	0	0	9

Transaction ID: C614109

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert Craig Craig Rosenbloom

Mailing Address PO Box 5101

City

Culver City

State

CA

Zip Code

90231-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emerg 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	4	/	2	9	/	2	0	0	9

Transaction ID: C714790

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)
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FOR LINE NUMBER: PAGE 200 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 William William Ross

Mailing Address 15340 Raton Rd

City

Colorado Spgs

State

CO

Zip Code

80921-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Front EM Specialties Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C614115

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David William William Ross

Mailing Address 15340 Raton Rd

City

Colorado Spgs

State

CO

Zip Code

80921-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Front EM Specialties Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: C732470

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert Michael Michael Roth

Mailing Address 9503 Ashford Pl

City

Brentwood

State

TN

Zip Code

37027-8720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cumberland Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: C706235

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 201 / 316

(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 Michael Michael Roth

Mailing Address 9503 Ashford Pl

City

Brentwood

State

TN

Zip Code

37027-8720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cumberland Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C746075

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Jonathan Samuel Samuel Rubens

Mailing Address 2 Stone Ridge Ct

City

Jamestown

State

NC

Zip Code

27282-8750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regl Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: C742072

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Scott Edward Edward Rudkin

Mailing Address 6731 E Boscana Ct

City

Orange

State

CA

Zip Code

92867-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ CA Irvine

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: C706213

Amount of Each Receipt this Period

250.00

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 202 / 316

(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)

Isi J J Russ

Mailing Address 1201 Arden Rd

City

Pasadena

State

CA

Zip Code

91106-4135

FEC ID number of contributing
federal political committee.

C

Name of Employer
East LA Emerg Assoc 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 Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C740032

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Atousa Salehi

Mailing Address 1016 West Galer St

City

Seattle

State

WA

Zip Code

98119-3238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Atousa Salehi

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 3 / 0 6 / 2 0 0 9

Transaction ID: C686204

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Andrew Sama

Mailing Address 253 Dover Rd

City

Manhasset

State

NY

Zip Code

11030-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

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

Transaction ID: C614123

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

1333.33

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 203 / 316

(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 Sama

Mailing Address 253 Dover Rd

City

Manhasset

State

NY

Zip Code

11030-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

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

Transaction ID: C682032

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Andrew Sama

Mailing Address 253 Dover Rd

City

Manhasset

State

NY

Zip Code

11030-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

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

Transaction ID: C703560

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Andrew Sama

Mailing Address 253 Dover Rd

City

Manhasset

State

NY

Zip Code

11030-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

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

Transaction ID: C714785

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 204 / 316

(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)

Marc Santambrosio

Mailing Address 7965 S Park Pl

City

Orlando

State

FL

Zip Code

32819-4885

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys

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 4 / 2 4 / 2 0 0 9

Transaction ID: C713830

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

David D D Sarkarati

Mailing Address 415 E Pine St Unit 1126
Unit 4057

City

Orlando

State

FL

Zip Code

32801-6623

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL 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 Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: C713837

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Luke Saski

Mailing Address 27861 Hopkins Drive

City

Novi

State

MI

Zip Code

48377-2563

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCES

Occupation

EM 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 1 / 1 4 / 2 0 0 9

Transaction ID: C606090

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 205 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven P 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 ▼

250.00

Date of Receipt

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

Transaction ID: C735730

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dean E E Schanen

Mailing Address 41 Tiburon St

City

The Hills

State

TX

Zip Code

78738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Dean E Schanen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C735735

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Sandra M M Schneider

Mailing Address 601 Elmwood Ave Box 655

City

Rochester

State

NY

Zip Code

14642-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Rochester Schl of
Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C740979

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 206 / 316

(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)

Carl H H Schultz

Mailing Address 636 Del Prado Blvd

City

Cape Coral

State

FL

Zip Code

33990-2695

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Coral 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 6 / 2 5 / 2 0 0 9

Transaction ID: C743701

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Keith T T Schwager

Mailing Address 2024 Cherrydale Ave

City

Baton Rouge

State

LA

Zip Code

70808-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Natchez After Hours Clinic

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C739980

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Regan Andre 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

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 4 / 2 4 / 2 0 0 9

Transaction ID: C713836

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 207 / 316

(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)

Riley H H Selby, III

Mailing Address 624 Hancock St

City

Edwardsville

State

IL

Zip Code

62025-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Riley H Selby, III

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	0	9

Transaction ID: C740010

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

A Duane Selman

Mailing Address PO Box 15100

City

Ft Worth

State

TX

Zip Code

76119-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Hills Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C614118

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

A Duane Selman

Mailing Address PO Box 15100

City

Ft Worth

State

TX

Zip Code

76119-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Hills Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C714788

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 208 / 316

(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)

Chana G G Selmon

Mailing Address 19 Timber Trl

City

Suffern

State

NY

Zip Code

10901-1601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Chana G Selmon

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 4 / 2 3 / 2 0 0 9

Transaction ID: C713481

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

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

Transaction ID: C614166

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

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

Transaction ID: C682049

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 209 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

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

Transaction ID: C703554

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

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

Transaction ID: C714797

Amount of Each Receipt this Period

83.37

C.

Full Name (Last, First, Middle Initial)

Stephen R R Shea

Mailing Address 1050 Linden Ave

City

Long Beach

State

CA

Zip Code

90813-3321

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Mary Med Ctr - ER

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 6 / 1 7 / 2 0 0 9

Transaction ID: C739992

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 210 / 316

(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)

Brian Howard Howard Shear

Mailing Address 1015 Harrison St

City

Denver

State

CO

Zip Code

80206-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Exempla Lutheran Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	6	/	2	0	9	

Transaction ID: C710962

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

William K K Sheffield

Mailing Address 5922 S 1000 E

City

South Ogden

State

UT

Zip Code

84405-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPIC LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C725576

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William K K Sheffield

Mailing Address 5922 S 1000 E

City

South Ogden

State

UT

Zip Code

84405-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPIC LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C735724

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 211 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Douglas Douglas Shields

Mailing Address 1993 Hannover Ct

City

Clarksville

State

TN

Zip Code

37043-5691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Svcs Network PI

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 6 / 3 0 / 2 0 0 9

Transaction ID: C745989

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Eric Shipley

Mailing Address 23569 SE 52nd St

City

Issaquah

State

WA

Zip Code

98029-6813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Puget Sound 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 3 / 0 6 / 2 0 0 9

Transaction ID: C686206

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James Brent Brent Sholar

Mailing Address 3740 Rocky Rdg Ct

City

Hood River

State

OR

Zip Code

97031-7738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Columbia Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C709509

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 212 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 E E Silverman

Mailing Address 3 Queenberry Way

City

Basking Ridge

State

NJ

Zip Code

07920-3828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morristown Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C735767

Amount of Each Receipt this Period

700.00

B.

Full Name (Last, First, Middle Initial)

Erin Simon

Mailing Address 400 Wabash Ave

City

Akron

State

OH

Zip Code

44307-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron Gen Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C725564

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Weylin Sing

Mailing Address 1051 Winderley Pl Ste 103

City

Orlando

State

FL

Zip Code

32803-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL 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 4 / 2 4 / 2 0 0 9

Transaction ID: C713818

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 213 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Siva Sivanesan

Mailing Address 765 Bear Creek Cir

City

Winter Springs

State

FL

Zip Code

32708-3892

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Siva Sivanesan

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 4 / 2 4 / 2 0 0 9

Transaction ID: C713826

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Chester Skiba, Jr

Mailing Address 18 Gentry Dr

City

Long Vly

State

NJ

Zip Code

07853-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Chester Skiba, Jr

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 4 / 2 7 / 2 0 0 9

Transaction ID: C714493

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David P Sklar

Mailing Address 25 Cedar Hill PI NE

City

Albuquerque

State

NM

Zip Code

87122-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept Emerg Med MSC08 4770

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C687341

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 214 / 316

(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

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

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C614117

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Todd Slesinger

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C682031

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Todd Slesinger

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C703567

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 215 / 316

(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

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

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C714796

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Todd Slesinger

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	0	9

Transaction ID: C730882

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Todd Slesinger

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C744421

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 216 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Samuel C C Slimmer, Jr

Mailing Address 1722 Breckenridge Rd

City

Orwigsburg

State

PA

Zip Code

17961-9544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Samuel C Slimmer, Jr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C725565

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Erik Sloan

Mailing Address 2719 N Janssen Ave

City

Chicago

State

IL

Zip Code

60614-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central DuPage Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: C739975

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Virgil W W Smaltz

Mailing Address 10 St 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 ▼

600.00

Date of Receipt

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

Transaction ID: C614111

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 217 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 W Smaltz

Mailing Address 10 St 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 ▼

600.00

Date of Receipt

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

Transaction ID: C682033

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Virgil W W Smaltz

Mailing Address 10 St 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 ▼

600.00

Date of Receipt

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

Transaction ID: C703568

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Virgil W W Smaltz

Mailing Address 10 St 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 ▼

600.00

Date of Receipt

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

Transaction ID: C714786

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 218 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 W Smaltz

Mailing Address 10 St 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730879

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Virgil W W Smaltz

Mailing Address 10 St 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 ▼

600.00

Date of Receipt

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

Transaction ID: C744384

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Sullivan K K Smith

Mailing Address 600 Parragon Rd

City

Cookeville

State

TN

Zip Code

38506-8701

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 4 / 2 4 / 2 0 0 9

Transaction ID: C713834

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 219 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Robert Robert Sochor

Mailing Address 1944 Via Florence

City

Charlottesville

State

VA

Zip Code

22911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of VA

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 5 / 0 5 / 2 0 0 9

Transaction ID: C719566

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Peter Erik Sokolove

Mailing Address 3889 Exmoor Circle

City

Sacramento

State

CA

Zip Code

95864-5904

FEC ID number of contributing
federal political committee.

C

Name of Employer
UC Davis School of Medicine

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 4 / 1 0 / 2 0 0 9

Transaction ID: C708702

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Patrick Solari

Mailing Address 2041 Yale Ave E

City

Seattle

State

WA

Zip Code

98102-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr Patrick Solari

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 3 / 0 6 / 2 0 0 9

Transaction ID: C686217

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 220 / 316

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert C C Solomon

Mailing Address 108 Saddle Rdg

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C614128

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Robert C C Solomon

Mailing Address 108 Saddle Rdg

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C682046

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Robert C C Solomon

Mailing Address 108 Saddle Rdg

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C703564

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 221 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 C Solomon

Mailing Address 108 Saddle Rdg

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C714792

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Robert C C Solomon

Mailing Address 108 Saddle Rdg

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730880

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Robert C C Solomon

Mailing Address 108 Saddle Rdg

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C744402

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 222 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Peter L L Sosnow

Mailing Address 37 Dublin Dr

City

Niskayuna

State

NY

Zip Code

12309-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Mem Hosp Chairman

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C614107

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Peter L L Sosnow

Mailing Address 37 Dublin Dr

City

Niskayuna

State

NY

Zip Code

12309-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Mem Hosp Chairman

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C682055

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Peter L L Sosnow

Mailing Address 37 Dublin Dr

City

Niskayuna

State

NY

Zip Code

12309-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Mem Hosp Chairman

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C703563

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 223 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Peter L L Sosnow

Mailing Address 37 Dublin Dr

City

Niskayuna

State

NY

Zip Code

12309-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Mem Hosp Chairman

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C714784

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Peter L L Sosnow

Mailing Address 37 Dublin Dr

City

Niskayuna

State

NY

Zip Code

12309-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Mem Hosp Chairman

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	9

Transaction ID: C730874

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Peter L L Sosnow

Mailing Address 37 Dublin Dr

City

Niskayuna

State

NY

Zip Code

12309-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Mem Hosp Chairman

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C744427

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

249.99

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 224 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Theodore L L Spangler

Mailing Address 2573 Aylesbury St NW

City

N Canton

State

OH

Zip Code

44720-8245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stark County Emergency Ph-
ysici

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 6 / 2 5 / 2 0 0 9

Transaction ID: C743695

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Alison Heather Heather Spear

Mailing Address 11 Maple Ave

City

Troy

State

NY

Zip Code

12180-7132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C614133

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Alison Heather Heather Spear

Mailing Address 11 Maple Ave

City

Troy

State

NY

Zip Code

12180-7132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C682047

Amount of Each Receipt this Period

50.00

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 225 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alison Heather Heather Spear

Mailing Address 11 Maple Ave

City

State

Zip Code

Troy

NY

12180-7132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C703565

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Alison Heather Heather Spear

Mailing Address 11 Maple Ave

City

State

Zip Code

Troy

NY

12180-7132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C714783

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Alison Heather Heather Spear

Mailing Address 11 Maple Ave

City

State

Zip Code

Troy

NY

12180-7132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730873

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 226 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alison Heather Heather Spear

Mailing Address 11 Maple Ave

City

Troy

State

NY

Zip Code

12180-7132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C744393

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Rajagopal Srinivasan

Mailing Address 815 Freeport Rd

City

Pittsburgh

State

PA

Zip Code

15215-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC St Margaret

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 5 / 2 2 / 2 0 0 9

Transaction ID: C725583

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Rajagopal Srinivasan

Mailing Address 815 Freeport Rd

City

Pittsburgh

State

PA

Zip Code

15215-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC St Margaret

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 5 / 3 0 / 2 0 0 9

Transaction ID: C731172

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 227 / 316

(check only one)

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

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven Joseph Stack

Mailing Address 2083 Bridgeport Drive

City

Lexington

State

KY

Zip Code

40502-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steven J. StackOccupation
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 2 / 0 2 / 2 0 0 9

Transaction ID: C614484

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Keith D D Stamler

Mailing Address 26811 Westvale Rd

City

Pls Vrds Penin

State

CA

Zip Code

90274-4049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Zerowet IncOccupation
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 6 / 2 9 / 2 0 0 9

Transaction ID: C744372

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Donald J J Steiner

Mailing Address 1 S 702 Birchbrook Ct

City

Glen Ellyn

State

IL

Zip Code

60137-6880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan 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 Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: C742096

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 228 / 316

(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)

Arthur Lloyd Lloyd Stern

Mailing Address 9239 Woodacre Blvd S Dr

City

Indianapolis

State

IN

Zip Code

46234-2856

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Francis Hosp & Hlth Ct-
rs

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 1 / 0 8 / 2 0 0 9

Transaction ID: C605828

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jennifer B B Stevenson

Mailing Address 38 Ridge Rd

City

Pleasant Ridge

State

MI

Zip Code

48069-1120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Macomb

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 6 / 2 3 / 2 0 0 9

Transaction ID: C742090

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Joshua Stillman

Mailing Address 275 W 96th St # 28D
Apt 28D

City

New York

State

NY

Zip Code

10025-6263

FEC ID number of contributing
federal political committee.

C

Name of Employer
NY Presbyterian Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C708755

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 229 / 316

(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 2 Hillside Ave

City

Madison

State

NJ

Zip Code

07940-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	6	/	2	0	9	

Transaction ID: C709891

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

James Suel

Mailing Address One Seal Harbor
#613

City

Winthrop

State

MA

Zip Code

02152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambridge Health AllianceOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C689861

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Thomas Jerome Jerome Sugarman

Mailing Address 1563 Solano PMB 463

City

Berkeley

State

CA

Zip Code

94707-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutter Delta HospOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C731429

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 230 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

J Andrew Sumner

Mailing Address 9708 Kenmore Dr

City

Kensington

State

MD

Zip Code

20895-3231

FEC ID number of contributing
federal political committee.

C

Name of Employer
James Andrew Sumner MD PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: C713447

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Erik Thomas Thomas Sundell

Mailing Address 1314 Seventh 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: C742099

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Joan Surdukowski

Mailing Address 17 Macintosh Dr

City

Oxford

State

CT

Zip Code

06478-1358

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Raphaels Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: C732467

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 231 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Eduard Eduard Suter

Mailing Address PO Box 670785

City

Dallas

State

TX

Zip Code

75367-0785

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT Southwestern

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: C740424

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Brian Sutton

Mailing Address 47 Stephanie Ln

City

Westfield

State

MA

Zip Code

01085-1484

FEC ID number of contributing
federal political committee.

C

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

Transaction ID: C614164

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Brian Sutton

Mailing Address 47 Stephanie Ln

City

Westfield

State

MA

Zip Code

01085-1484

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westfield 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 4 / 2 9 / 2 0 0 9

Transaction ID: C714779

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 232 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Peter P P Taillac

Mailing Address 3439 Canyon Cove Dr

City

Salt Lake City

State

UT

Zip Code

84121-6335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Utah Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

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

Transaction ID: C614153

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Peter P P Taillac

Mailing Address 3439 Canyon Cove Dr

City

Salt Lake City

State

UT

Zip Code

84121-6335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Utah Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

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

Transaction ID: C703593

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Peter P P Taillac

Mailing Address 3439 Canyon Cove Dr

City

Salt Lake City

State

UT

Zip Code

84121-6335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Utah Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

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

Transaction ID: C704701

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 233 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Peter P P Taillac

Mailing Address 3439 Canyon Cove Dr

City

Salt Lake City

State

UT

Zip Code

84121-6335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Utah Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

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

Transaction ID: C714789

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Mark J J Tamsen

Mailing Address PO Box 370630
Emergency Care Dynamics

City

San Diego

State

CA

Zip Code

92137-0630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Care Dynamics

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C724839

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Douglas N N Tannas

Mailing Address 6339 Red Fox Rd

City

Pendleton

State

IN

Zip Code

46064-8732

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMGI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C731442

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1583.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 234 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ronald G G Thomas

Mailing Address 1310 Alexander Dr

City

Guilford

State

CT

Zip Code

06437-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hosp of Saint Raphael

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C719618

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey B B Thompson

Mailing Address PO Box 12779

City

Beaumont

State

TX

Zip Code

77726-2779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meml Herman Baptist Beaumont

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C712329

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Bryce Tiller

Mailing Address 7609 Wexford Club Dr E

City

Jacksonville

State

FL

Zip Code

32256-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meml Hosp Jacksonville

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C735728

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 235 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Larisa May 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
Detroit Med-Sinai Grace
Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C719576

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Lauren Trattner

Mailing Address 206 Clermont Avenue

City

Staten Island

State

NJ

Zip Code

10307

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C704681

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Marcus Anthony Anthony Trione

Mailing Address 747 N 82nd St

City

Seattle

State

WA

Zip Code

98103-4319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Puget Sound Phys PLLC

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 3 / 0 6 / 2 0 0 9

Transaction ID: C686223

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 236 / 316

(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 C Tripathi

Mailing Address 1021 North Garfield Street # 805

City

Arlington

State

VA

Zip Code

22201-2581

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 ▼

600.00

Date of Receipt

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

Transaction ID: C651808

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Paul C C Tripathi

Mailing Address 1021 North Garfield Street # 805

City

Arlington

State

VA

Zip Code

22201-2581

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 ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	9	

Transaction ID: C743928

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John R R Tucker

Mailing Address 12440 Alta Mesa

City

Auburn

State

CA

Zip Code

95603-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	9	

Transaction ID: C706222

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 237 / 316

(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 R R Tucker

Mailing Address 12440 Alta Mesa

City

Auburn

State

CA

Zip Code

95603-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys Med Grp Inc

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 6 / 3 0 / 2 0 0 9

Transaction ID: C746035

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael A 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: C713467

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Katren Rachel Rachel Tyler

Mailing Address 216 Firestone Dr

City

Roseville

State

CA

Zip Code

95678-1011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ California Davis

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 6 / 2 5 / 2 0 0 9

Transaction ID: C743698

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 238 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Brent Brent Underwood

Mailing Address 9799 Diamond St

City

Yucaipa

State

CA

Zip Code

92399-2943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Cmnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: C688004

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Matthew Brent Brent Underwood

Mailing Address 9799 Diamond St

City

Yucaipa

State

CA

Zip Code

92399-2943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Cmnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: C709886

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John D D Uphold

Mailing Address 309 W Beverly Blvd

City

Montebello

State

CA

Zip Code

90640-4308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physicians Choice

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 6 / 1 7 / 2 0 0 9

Transaction ID: C740024

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 239 / 316

(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 S S Van Hare

Mailing Address 15539 SE 66th PI

City

Bellevue

State

WA

Zip Code

98006-5415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Overlake Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Transaction ID: C686210

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Nancy J J Vance

Mailing Address 548 Avawam Dr

City

Richmond

State

KY

Zip Code

40475-9195

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockcastle Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	9

Transaction ID: C714414

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Corey Voss

Mailing Address 10229 Meadow Ridges Ln

City

Knoxville

State

TN

Zip Code

37922-7227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of TN Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	9

Transaction ID: C742102

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 240 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 J J Vukich

Mailing Address 13665 Queens Harbour Blvd

City

Jacksonville

State

FL

Zip Code

32225-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of FL Hlth Sci Ctr
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: C745980

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mary Jo Jo Wagner

Mailing Address 5425 Nottingham 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 ▼

500.00

Date of Receipt

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

Transaction ID: C614127

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mary Jo Jo Wagner

Mailing Address 5425 Nottingham 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: C722129

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 241 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Wahlheim

Mailing Address 310 W Holly St

City

Phoenix

State

AZ

Zip Code

85003-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMPower Emerg Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743700

Amount of Each Receipt this Period

500.00

B.

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 Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: C713456

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Andrew Louis Louis Walshak

Mailing Address 17 Gereg Glen Rd

City

Brookfield

State

CT

Zip Code

06804-1054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Danbury Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: C722136

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 242 / 316

(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 Louis Louis Walshak

Mailing Address 17 Gereg Glen Rd

City

Brookfield

State

CT

Zip Code

06804-1054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Danbury Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C724832

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Neil Wang

Mailing Address 1407 Coventry Close

City

E Lansing

State

MI

Zip Code

48823-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Neil Wang

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: C714499

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Reginald H H Warren, Jr

Mailing Address 2792 Wolf Club Ct

City

Atlanta

State

GA

Zip Code

30349-8708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Univ

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 6 / 1 7 / 2 0 0 9

Transaction ID: C739990

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 243 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 J Watson

Mailing Address 1280 Longpointe Pass

City

Alpharetta

State

GA

Zip Code

30005-2284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Matthew J Watson

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 2 / 2 5 / 2 0 0 9

Transaction ID: C682029

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Matthew J J Watson

Mailing Address 1280 Longpointe Pass

City

Alpharetta

State

GA

Zip Code

30005-2284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Matthew J Watson

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 5 / 2 8 / 2 0 0 9

Transaction ID: C730878

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dennis R R Watts

Mailing Address 4821 Spicewood Spgs Rd

City

Austin

State

TX

Zip Code

78759-8495

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Svc Partners

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 6 / 1 8 / 2 0 0 9

Transaction ID: C740430

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 244 / 316

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael L L Weaver

Mailing Address 4505 Headwood # 1
Apt 1

City	State	Zip Code
Kansas City	MO	64111-3439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital Emer PhysOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	0	9

Transaction ID: C739987

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Daniel R R Wehner

Mailing Address 355 Bliss St

City	State	Zip Code
Johnstown	PA	15905-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conemaugh Mem Med CtrOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	9

Transaction ID: C713446

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Lori Weichenthal

Mailing Address 387 W Jordan Ave

City	State	Zip Code
Clovis	CA	93611-7182

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCSF FresnoOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	0	9

Transaction ID: C743529

Amount of Each Receipt this Period

300.00

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 245 / 316

(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 Jeffrey Jeffrey Weitz

Mailing Address 5107 Bascule Ave

City

Woodland Hills

State

CA

Zip Code

91364-3448

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Johns 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 Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: C724841

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Arlo F 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 Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743741

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Richard P P Wendell

Mailing Address 5 Richland Med Park
Palmetto Hlth Richland Mem

City

Columbia

State

SC

Zip Code

29203-6863

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Hlth Richland Me-
ml

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 4 / 2 7 / 2 0 0 9

Transaction ID: C714505

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 246 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven G G Werdehoff

Mailing Address 3013 Hampton Cove Way

City

Owens Cross Roads

State

AL

Zip Code

35763-9390

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huntsville Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C714816

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael J 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: C714492

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Sandra Werner

Mailing Address 2600 MetroHealth Dr

City

Cleveland

State

OH

Zip Code

44109

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 Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: C719578

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 247 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gordon Wheeler

Mailing Address 2121 K St NW Ste 325
ACEP

City State Zip Code
Washington DC 20037-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Gordon Wheeler

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C614155

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Gordon Wheeler

Mailing Address 2121 K St NW Ste 325
ACEP

City State Zip Code
Washington DC 20037-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Gordon Wheeler

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C682043

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Gordon Wheeler

Mailing Address 2121 K St NW Ste 325
ACEP

City State Zip Code
Washington DC 20037-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Gordon Wheeler

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C703553

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 248 / 316

(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)

Gordon Wheeler

Mailing Address 2121 K St NW Ste 325
ACEPCity State Zip Code
Washington DC 20037-1886FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Gordon WheelerOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C714782

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Gordon Wheeler

Mailing Address 2121 K St NW Ste 325
ACEPCity State Zip Code
Washington DC 20037-1886FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Gordon WheelerOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	0	9

Transaction ID: C730876

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Gordon Wheeler

Mailing Address 2121 K St NW Ste 325
ACEPCity State Zip Code
Washington DC 20037-1886FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Gordon WheelerOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C744404

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 249 / 316

(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)

Dean Wilkerson

Mailing Address 538 Rolling Hills Rd

City

Coppell

State

TX

Zip Code

75019-4049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Dean Wilkerson

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	9	

Transaction ID: C686154

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Louise Wilkinson

Mailing Address 820 Laurel Dr

City

Rolla

State

MO

Zip Code

65401-3814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Cnty Meml 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	5		2	2		2	0	9	

Transaction ID: C725573

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Louise Wilkinson

Mailing Address 820 Laurel Dr

City

Rolla

State

MO

Zip Code

65401-3814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Cnty Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	9	

Transaction ID: C740420

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 250 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Williams

Mailing Address 401 Providence Rd

City

Moorestown

State

NJ

Zip Code

08057-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albert Einstein Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743735

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mildred J J Willy

Mailing Address 4677 Towne Ctr # 302

City

Saginaw

State

MI

Zip Code

48604-2848

FEC ID number of contributing
federal political committee.

C

Name of Employer
Timberline Emer Phys 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 Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: C706214

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Daryl D D Wilson

Mailing Address 801 S Washington St
Edward Hosp

City

Naperville

State

IL

Zip Code

60540-7430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edward Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743708

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 251 / 316

(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)

Curtice Wong

Mailing Address 2012 Highland Ave

City

Manhattan Beach

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	9

Transaction ID: C742074

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Stephanie K K Wood

Mailing Address 343 N Roscoe Blvd

City

Ponte Vedra

State

FL

Zip Code

32082-2145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orange Park Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C731430

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Thaddeus D D Woods

Mailing Address 9941 Essex Dr

City

Omaha

State

NE

Zip Code

68114-3873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Critical Care Associates

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	6		2	5		2	0	0	9

Transaction ID: C743702

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 252 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gary Newman Newman Yee

Mailing Address 15611 Oyster Cove Dr

City

Sugar Land

State

TX

Zip Code

77478-3364

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: C726223

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Brian S S Zachariah

Mailing Address 301 University Blvd

City

Galveston

State

TX

Zip Code

77555-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept of Surgery 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 1 / 2 9 / 2 0 0 9

Transaction ID: C614104

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Brian S S Zachariah

Mailing Address 301 University Blvd

City

Galveston

State

TX

Zip Code

77555-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept of Surgery 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 4 / 2 9 / 2 0 0 9

Transaction ID: C714793

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 253 / 316

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

75019-4188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Shane Edward Zatkalik

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: C714485

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

75019-4188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Shane Edward Zatkalik

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: C730877

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

75019-4188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Shane Edward Zatkalik

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C744401

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 254 / 316

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 Zeitzer

Mailing Address 8127 SW 54th Ave

City

Portland

State

OR

Zip Code

97219-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Silverton Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: C742119

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Amanda J J Zopp

Mailing Address 2120 Hastings Dr

City

Charlotte

State

NC

Zip Code

28207-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabarrus Emerg Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C739732

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Amanda J J Zopp

Mailing Address 2120 Hastings Dr

City

Charlotte

State

NC

Zip Code

28207-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabarrus Emerg Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: C743732

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)

253483.14

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

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

FOR LINE NUMBER: PAGE 255 / 316

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 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 ▼

631.08

Date of Receipt

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

Transaction ID: C761466

Amount of Each Receipt this Period

109.98

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 ▼

631.08

Date of Receipt

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

Transaction ID: C761471

Amount of Each Receipt this Period

199.04

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 ▼

631.08

Date of Receipt

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

Transaction ID: C761475

Amount of Each Receipt this Period

152.31

SUBTOTAL of Receipts This Page (optional)

461.33

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 256 / 316

(check only one)

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

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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 ▼

631.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

Transaction ID: C761477

Amount of Each Receipt this Period

67.83

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 ▼

631.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	9

Transaction ID: C761478

Amount of Each Receipt this Period

51.01

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 ▼

631.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: C761480

Amount of Each Receipt this Period

50.91

SUBTOTAL of Receipts This Page (optional)

169.75

TOTAL This Period (last page this line number only)

631.08

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)

Adler For Congress

Mailing Address 14 Knightswood Drive

City Marlton State NJ Zip Code 08053

Purpose of Disbursement
Contributions to 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: D84383

Date of Disbursement

04 / 29 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Andy Harris For Congress

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Mr. Andrew Harris

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MD District: 01

Transaction ID: D87216

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Big Tent PAC, The

Mailing Address 1155 21st Street NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contributions to Federal PACs/Committees

Candidate Name
Big Tent PAC, The

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Annual contribution

Transaction ID: D79364

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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 Cassidy for US Congress

Mailing Address 8550 United Plaza Blvd
c/o Postlethwait and Netterville

City Baton Rouge State LA Zip Code 70809-2256

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Bill Cassidy for US Congress

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

State: District:

Transaction ID: D86644

Date of Disbursement

06 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Blue Dog Coalition

Mailing Address 236 Massachusetts Ave., NE
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions to Federal PACs/Committees

Candidate Name
Blue Dog Coalition

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual Contribution

Transaction ID: D79442

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

BLUEGRASS COMMITTEE

Mailing Address 400 N Capitol St NW #585
#585

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contributions to Federal PACs/Committees

Candidate Name
BLUEGRASS COMMITTEE

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

2009 Contribution

Transaction ID: D82979

Date of Disbursement

03 / 25 / 2009

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)

Charles Boustany Jr Md For Congress Inc

Mailing Address PO Box 80126

City
LafayetteState
LAZip Code
70598Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
TypeCandidate Name
Mr. Charles BoustanyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: D82476

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	9

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
CheshireState
CTZip Code
06410Purpose of Disbursement
Contributions to Federal Candidates

011

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

State: CT District: 05

Transaction ID: D87198

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City
WashingtonState
DCZip Code
20003-4024Purpose of Disbursement
Contributions to Federal PACs/Committees

011

Category/
TypeCandidate Name
Democratic Congressional Campaign CommitteeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2009 Annual contribu

Transaction ID: D75252

Date of Disbursement

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

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)

20000.00

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) Democratic Senatorial Campaign Committee	Transaction ID: D75248 Date of Disbursement
Mailing Address 430 S Capitol St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003-4024	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name Democratic Senatorial Campaign Committee	<div> <div>15000.00</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2009 Annual Contribu	
B. Full Name (Last, First, Middle Initial) Diana Degette For Congress Inc.	Transaction ID: D82773 Date of Disbursement
Mailing Address P.O. Box 61337	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 9</div> </div>
City Denver State CO Zip Code 80206	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Diana DeGette	<div> <div>1000.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) DIRIGO PAC	Transaction ID: D84165 Date of Disbursement
Mailing Address PO Box 1355	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 9</div> </div>
City Alexandria State VA Zip Code 22313	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name DIRIGO PAC	<div> <div>5000.00</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: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution	

SUBTOTAL of Disbursements This Page (optional)

21000.00

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)

Fleming for Congress

Mailing Address PO Box 1236

City
MindenState
LAZip Code
71058-1236Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Fleming for Congress

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

State: District:

Transaction ID: D84615

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Bill Posey

Mailing Address 1824 South Fiske Boulevard

City
RockledgeState
FLZip Code
32955Purpose of Disbursement
VOID CK 6747 10/01/08Candidate Name
Mr. Bill Posey

Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: D82695

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	9

Amount of Each Disbursement this Period

-2500.00

VOID CK 6747 10/01/08

C.

Full Name (Last, First, Middle Initial)

Friends Of Bill Posey

Mailing Address 1824 South Fiske Boulevard

City
RockledgeState
FLZip Code
32955Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Mr. Bill Posey

Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: D82769

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	0	9

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

Friends Of Blanche Lincoln

Mailing Address PO Box 3197

City
Little Rock

State
AR

Zip Code
72203

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Sen. Blanche Lambert Lincoln

Office Sought: ☐ House
☒ Senate
☐ President

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

State: AR District: 00

Transaction ID: D82588

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Blanche Lincoln

Mailing Address PO Box 3197

City
Little Rock

State
AR

Zip Code
72203

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Sen. Blanche Lambert Lincoln

Office Sought: ☐ House
☒ Senate
☐ President

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

State: AR District: 00

Transaction ID: D86824

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Friends of Dan Maffei

Mailing Address PO Box 74

City
Syracuse

State
NY

Zip Code
13214

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Friends of Dan Maffei

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D82987

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

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

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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)

Cardoza For Congress

Mailing Address PO Box 2749

City
MercedState
CAZip Code
95340Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Mr. Dennis CardozaCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 18

Transaction ID: D84777

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Jeanne Shaheen

Mailing Address PO BOX 1510

City
MANCHESTERState
NHZip Code
03105Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Friends of Jeanne Shaheen011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

2008 General Debt

Transaction ID: D76350

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Friends Of Patrick J. Kennedy Inc.

Mailing Address P.O. Box 321

City
PawtucketState
RIZip Code
02860Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Patrick J. Kennedy011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 01

Transaction ID: D86825

Date of Disbursement

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

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 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)

Georgians For Isakson

Mailing Address P.O. Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Johnny Isakson011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: D82602

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Georgians For Isakson

Mailing Address P.O. Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Johnny Isakson011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: D84779

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Gillibrand for Senate

Mailing Address 3422 Porter Street, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Gillibrand for Senate011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D84618

Date of Disbursement

05 / 13 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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)

Glacier PAC

Mailing Address 236 Massachusetts Avenue, NE
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution to Federal PACs/Committees

Candidate Name
Glacier PAC

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼
State: District: 2009 Annual Contribu

Transaction ID: D75249

Date of Disbursement

01 / 14 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF GLENN THOMPSON

Mailing Address P.O. Box 1112

City State College State PA Zip Code 16804

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Glenn Thompson

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼
State: PA District: 05

Transaction ID: D84782

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Mr. Steven Guthrie

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼
State: KY District: 02

Transaction ID: D82768

Date of Disbursement

03 / 18 / 2009

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

10500.00

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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☐ 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)

Harry Teague for Congress

Mailing Address PO BOX 5153
PO BOX 5153

City HOBBS State NM Zip Code 88241

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Harry Teague for Congress

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

State: District:

Transaction ID: D84793

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

John D. Dingell For Congress Committee

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John D. Dingell

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

State: MI District: 15

Transaction ID: D84776

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

John Shadeggs Friends

Mailing Address PO Box 45444

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement
Contributions to Federal candidates

Candidate Name
Rep. John B. Shadegg

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

State: AZ District: 03

Transaction ID: D84381

Date of Disbursement

04 / 29 / 2009

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

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(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) John Shadeggs Friends	Transaction ID: D82972 Date of Disbursement
Mailing Address PO Box 45444	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 0 9</div> </div>
City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>2500.00</div>
Candidate Name Rep. John B. Shadegg	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kirk For Congress	Transaction ID: D82585 Date of Disbursement
Mailing Address P.O. Box 8	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>1000.00</div>
Candidate Name Rep. Mark Steven Kirk	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kirk For Congress	Transaction ID: D82473 Date of Disbursement
Mailing Address P.O. Box 8	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 9</div> </div>
City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>1000.00</div>
Candidate Name Rep. Mark Steven Kirk	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
Detailed Summary 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) Kirk For Congress	Transaction ID: D84791 Date of Disbursement																				
Mailing Address P.O. Box 8	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions to Federal Candidates	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Rep. Mark Steven Kirk	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS	Transaction ID: D82584 Date of Disbursement																				
Mailing Address 370 Tall Tree Ct	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City Jackson State NJ Zip Code 08527-3158	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions to Federal Candidates	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Leonard Lance	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Langevin For Congress	Transaction ID: D86823 Date of Disbursement																				
Mailing Address 181-A Knight St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	9												
City Warwick State RI Zip Code 02886	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions to Federal Candidates	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Mr. James Langevin	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

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

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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)

Lynn Jenkins for Congress

Mailing Address 4011 SW 21st

City
TopekaState
KSZip Code
66604Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Lynn Jenkins for Congress011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D82982

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Lynn Jenkins for Congress

Mailing Address 4011 SW 21st

City
TopekaState
KSZip Code
66604Purpose of Disbursement
Void CK 6831 from 11/19/08Candidate Name
Lynn Jenkins for Congress011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Primary Debt 2008

Transaction ID: D84115

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	9

Amount of Each Disbursement this Period

-2000.00

Primary Debt 2008

C.

Full Name (Last, First, Middle Initial)

Markey Committee, The

Mailing Address PO Box 526

City
MedfordState
MAZip Code
02155Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Edward J. Markey011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 07

Transaction ID: D87221

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	9

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

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"/> 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)

Martin Heinrich for Congress

Mailing Address 2118 CENTRAL AVENUE SE #71

City
ALBUQUERQUEState
NMZip Code
87106Purpose of Disbursement
Contributions to Federal candidates

011

Category/
TypeCandidate Name
Martin Heinrich for CongressOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D84616

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

McCotter Congressional Committee

Mailing Address P.O. Box 530788

City
LivoniaState
MIZip Code
48153Purpose of Disbursement
Contributions to Federal Candidates

011

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

State: MI District: 11

Transaction ID: D82478

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	9

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

McGoff For Congress

Mailing Address PO Box 44003

City
IndianapolisState
INZip Code
46244Purpose of Disbursement
Contributions to Federal Candidates

011

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

State: IN District: 05

Transaction ID: D86642

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	9

Amount of Each Disbursement this Period

5000.00

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)

Michael Burgess For Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Michael C. Burgess, M.D.

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TX District: 26

Transaction ID: D84163

Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Michael Burgess For Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Michael C. Burgess, M.D.

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TX District: 26

Transaction ID: D79365

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Michael Burgess For Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Michael C. Burgess, M.D.

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TX District: 26

Transaction ID: D82782

Date of Disbursement

03 / 18 / 2009

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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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)

National Republican Congressional Committee

Mailing Address 320 1st St SE

City
WashingtonState
DCZip Code
20003-1838Purpose of Disbursement
Contributions to National Party CommitteesCandidate Name
National Republican Congressional Committee011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual Contribution

Transaction ID: D76367

Date of Disbursement

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

Amount of Each Disbursement this Period

15000.00

B.

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 2nd St NE

City
WashingtonState
DCZip Code
20002-4914Purpose of Disbursement
Contributions to Federal PACs/CommitteesCandidate Name
National Republican Senatorial Committee011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D82526

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	9

Amount of Each Disbursement this Period

15000.00

C.

Full Name (Last, First, Middle Initial)

NELSON 2012

Mailing Address PO BOX 8666

City
OMAHAState
NEZip Code
68108Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Sen. E. Nelson011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Transaction ID: D84783

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

31000.00

TOTAL This Period (last page this line number only)

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

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

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

NewDem PAC

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions to Federal PACs/Committees

Candidate Name
NewDem PAC

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼
State: District: 2009 Annual Contribu

Transaction ID: D75251

Date of Disbursement

01 / 14 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

OUR FUTURE POLITICAL ACTION COMMITTEE

Mailing Address 1155 21ST STREET NW SUITE 300

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
Contributions to Federal PACs/Committees

Candidate Name
OUR FUTURE POLITICAL ACTION COMMITTEE

011
Category/
Type

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

Transaction ID: D86827

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

People for Enterprise/Trade/Econ Growth

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Contributions to Federal PACs/Committees

Candidate Name
People for Enterprise/Trade/Econ Growth

011
Category/
Type

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

Transaction ID: D86645

Date of Disbursement

06 / 03 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

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 Page

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<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)

PHILPAC

Mailing Address 104 Hume Avenue

City
Alexandria

State
VA

Zip Code
22301

Purpose of Disbursement
VOID CK# 6535 04/09/08

Candidate Name
Rep. Phil English

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 03

Transaction ID: D79385

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

-2500.00

B.

Full Name (Last, First, Middle Initial)

SCHIFF FOR CONGRESS

Mailing Address 777 S. Figueroa St.

City
Los Angeles

State
CA

Zip Code
90017

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Adam B. Schiff

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 29

Transaction ID: D82971

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

SIRES FOR CONGRESS

Mailing Address 6050 BOULEVARD EAST APT 6B

City
WEST NEW YORK

State
NJ

Zip Code
07093

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Albio Sires

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 13

Transaction ID: D84788

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. 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 to Federal Candidates

Candidate Name
 Rep. Anna G. Eshoo

011
 Category/
 Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: CA District: 14

Transaction ID: D84162

Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial) **CONGRESSMAN BART GORDON COMMITTEE**

Mailing Address P.O. Box 2008

City State Zip Code
 Murfreesboro TN 37133

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
 Rep. Bart Gordon

011
 Category/
 Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: TN District: 06

Transaction ID: D86822

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

5000.00

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

Mailing Address POB 640

City State Zip Code
 Totowa NJ 07511

Purpose of Disbursement
 Contributions to 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: D84384

Date of Disbursement

04 / 29 / 2009

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

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

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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)

PASCRELL FOR CONGRESS INC.

Mailing Address POB 640

City
Totowa

State
NJ

Zip Code
07511

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Bill Pascrell, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 08

Transaction ID: D82978

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

PASCRELL FOR CONGRESS INC.

Mailing Address POB 640

City
Totowa

State
NJ

Zip Code
07511

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Bill Pascrell, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 08

Transaction ID: D82582

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

BOB ETHERIDGE FOR CONGRESS COMMITTEE

Mailing Address POST OFFICE BOX 28001

City
RALEIGH

State
NC

Zip Code
27611

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Bob Etheridge

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NC District: 02

Transaction ID: D86643

Date of Disbursement

06 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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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)
BOB FILNER FOR CONGRESS

Mailing Address P.O. Box 121480

City Chula Vista State CA Zip Code 91912

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Bob Filner011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: D84794

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. Box 121480

City Chula Vista State CA Zip Code 91912

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Bob Filner011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: D84160

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

2500.00

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

Mailing Address P.O. Box 42169

City Arlington State VA Zip Code 22204

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Bruce L. Braley011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 01

Transaction ID: D84614

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

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

Use separate schedule(s)
for each category of the
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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)

DUTCH RUPPERSBERGER FOR CONGRESS

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. C.A. Dutch Ruppersberger

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

State: MD District: 02

Transaction ID: D82781

Date of Disbursement

03 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

B.

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 to Federal Candidates

Candidate Name
Rep. C.A. Dutch Ruppersberger

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

State: MD District: 02

Transaction ID: D76352

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF CAROLYN MCCARTHY

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Carolyn McCarthy

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

State: NY District: 04

Transaction ID: D87222

Date of Disbursement

06 / 24 / 2009

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**

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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)

FATTAH FOR CONGRESS

Mailing Address 3900 Ford Road Suite 12-O

City Philadelphia State PA Zip Code 19131

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Chaka Fattah

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 02

Transaction ID: D87213

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

FATTAH FOR CONGRESS

Mailing Address 3900 Ford Road Suite 12-O

City Philadelphia State PA Zip Code 19131

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Chaka Fattah

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 02

Transaction ID: D84797

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Charles W. Dent

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 15

Transaction ID: D82470

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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)

CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City
Allentown

State
PA

Zip Code
18105

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Charles W. Dent

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 15

Transaction ID: D82974

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF CHARLIE WILSON

Mailing Address P.O. BOX 61

City
ST. CLAIRSVILLE

State
OH

Zip Code
43950

Purpose of Disbursement
Contributions to Federal Candidates

012

Category/
Type

Candidate Name
Rep. Charlie Wilson

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OH District: 06

Transaction ID: D86830

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

KILDEE FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 317

City
Flint

State
MI

Zip Code
48501

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Dale E. Kildee

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MI District: 05

Transaction ID: D84798

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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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) **DAVE CAMP FOR CONGRESS 2010**

Mailing Address 2501 Wisconsin Ave., NW
 Number 304

City Washington State DC Zip Code 20007

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
 Rep. Dave Lee Camp

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MI District: 04

Transaction ID: D84789

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial) **DAVID SCOTT FOR CONGRESS**

Mailing Address P.O. BOX 960821

City RIVERDALE State GA Zip Code 30296

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
 Rep. David A. Scott

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: GA District: 13

Transaction ID: D82973

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

1500.00

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

Mailing Address 818 SW Third Ave. #1182

City Portland State OR Zip Code 97204

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
 Rep. David Wu

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OR District: 01

Transaction ID: D82778

Date of Disbursement

03 / 18 / 2009

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.

Full Name (Last, First, Middle Initial)

HELLER FOR CONGRESS

Mailing Address 7840 Red Leaf Drive

City Las Vegas State NV Zip Code 89131

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Dean Heller011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: D82776

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	0	9

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

HELLER FOR CONGRESS

Mailing Address 7840 Red Leaf Drive

City Las Vegas State NV Zip Code 89131

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Dean Heller011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: D84620

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

PERLMUTTER FOR CONGRESS

Mailing Address 3440 Youngfield St #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Ed Perlmutter011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 07

Transaction ID: D82981

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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 10708

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Eliot L. Engel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 17

Transaction ID: D84897

Date of Disbursement

05 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MASSA FOR CONGRESS

Mailing Address P.O. Box 636

City State Zip Code
Annandale VA 22003

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Eric Massa

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 29

Transaction ID: D82985

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Frank Pallone, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 06

Transaction ID: D87204

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

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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)

UPTON FOR ALL OF US

Mailing Address P.O. Box 490

City
St. JosephState
MIZip Code
49085Purpose of Disbursement
VOID CK# 6572 05/07/08Candidate Name
Rep. Fred UptonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 06

Transaction ID: D79386

Date of Disbursement

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

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

PETERS FOR CONGRESS

Mailing Address PO BOX 226

City
BLOOMFIELD HILLSState
MIZip Code
48303Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Gary C. Peters010
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: D84621

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

GEOFF DAVIS FOR CONGRESS

Mailing Address 3161 Dixie Highway

City
ErlangerState
KYZip Code
41018Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Geoff Davis011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: D84795

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

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)
GEOFF DAVIS FOR CONGRESS**

Mailing Address 3161 Dixie Highway

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Geoff Davis011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: D82975

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00

**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 to Federal CandidatesCandidate Name
Rep. Glenn C. Nye011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 02

Transaction ID: D84898

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
VOID CK# 6719 09/23/08Candidate Name
Rep. Gus Bilirakis011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 09

Transaction ID: D79384

Date of Disbursement

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

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BARRETT FOR CONGRESS

Mailing Address P.O. Box 869

City State Zip Code
Westminster SC 29693

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. J. Gresham Barrett

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: SC District: 03

Transaction ID: D79366

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

JACKIE SPEIER FOR CONGRESS

Mailing Address PO BOX 112

City State Zip Code
BURLINGAME CA 94011

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Jackie Speier

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: CA District: 12

Transaction ID: D84786

Date of Disbursement

05 / 20 / 2009

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 State Zip Code
Columbia SC 29211

Purpose of Disbursement
Contributions to 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: D84900

Date of Disbursement

05 / 28 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

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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)

SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City
EVANSTON

State
IL

Zip Code
60204

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Janice D. Schakowsky

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IL District: 09

Transaction ID: D84790

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address 700 12th Street, NW
Suite 700

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Jim W. Gerlach

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 06

Transaction ID: D82603

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address 700 12th Street, NW
Suite 700

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Jim W. Gerlach

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 06

Transaction ID: D87195

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

3000.00

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
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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) FRIENDS OF JOE BACA	Transaction ID: D79437 Date of Disbursement
Mailing Address 555 Capitol Mall Suite 1425	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 9</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>1000.00</div>
Candidate Name Rep. Joe Baca	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS	Transaction ID: D79438 Date of Disbursement
Mailing Address P.O. Box 16	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 9</div> </div>
City Media State PA Zip Code 19063	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>1000.00</div>
Candidate Name Rep. Joe Sestak	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS	Transaction ID: D87215 Date of Disbursement
Mailing Address P.O. Box 16	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 0 9</div> </div>
City Media State PA Zip Code 19063	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>1500.00</div>
Candidate Name Rep. Joe Sestak	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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)
CULBERSON FOR CONGRESS

Mailing Address P.O. Box 41964

City State Zip Code
Houston TX 77241

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John A. Culberson

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

State: TX District: 07

Transaction ID: D82980

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

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

Mailing Address c/o Brigette Workman
430 South Capitol Street, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John B. Larson

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

State: CT District: 01

Transaction ID: D84611

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

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

Mailing Address c/o Brigette Workman
430 South Capitol Street, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John B. Larson

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

State: CT District: 01

Transaction ID: D82590

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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)

LARSON FOR CONGRESS

Mailing Address c/o Brigitte Workman
430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
VOID CK 6881 3/11/09Candidate Name
Rep. John B. Larson011
Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

Transaction ID: D87017

Date of Disbursement

06 / 15 / 2009

Amount of Each Disbursement this Period

-2500.00

B.

Full Name (Last, First, Middle Initial)

JOHN SULLIVAN FOR CONGRESS INC

Mailing Address P.O. Box 651374

City Sterling State VA Zip Code 20165-1374

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. John Sullivan011
Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 01

Transaction ID: D82601

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

YARMUTH FOR CONGRESS

Mailing Address 1819 Brownsboro Road

City Louisville State KY Zip Code 40206

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. John A. Yarmuth011
Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 03

Transaction ID: D82785

Date of Disbursement

03 / 18 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

YARMUTH FOR CONGRESS

Mailing Address 1819 Brownsboro Road

City State Zip Code
Louisville KY 40206

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John A. Yarmuth

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

State: KY District: 03

Transaction ID: D87207

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City State Zip Code
Vernon CT 06066

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Joseph D. Courtney

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

State: CT District: 02

Transaction ID: D87220

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

CASTOR FOR CONGRESS

Mailing Address 301 W. Platt Street #385

City State Zip Code
Tampa FL 33606

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Kathy Castor

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

State: FL District: 11

Transaction ID: D84784

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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)

KEVIN MCCARTHY FOR CONGRESS

Mailing Address P.O. Box 12667

City
Bakersfield

State
CA

Zip Code
93389

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Kevin McCarthy

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 22

Transaction ID: D79436

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPs

Mailing Address PO Box 23940

City
Santa Barbara

State
CA

Zip Code
93121

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Lois Capps

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 23

Transaction ID: D86651

Date of Disbursement

06 / 03 / 2009

Amount of Each Disbursement this Period

2500.00

C.

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 to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Louise McIntosh McIntosh Slaughter

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 28

Transaction ID: D84792

Date of Disbursement

05 / 20 / 2009

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:
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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)

WOOLSEY FOR CONGRESS

Mailing Address P.O. Box 750176

City State Zip Code
Petaluma CA 94975Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Lynn C. Woolsey011
Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 06

Transaction ID: D84382

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

SOUDER FOR CONGRESS INC.

Mailing Address P.O. BOX 40233

City State Zip Code
FORT WAYNE IN 46804Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Mark E. Souder011
Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 03

Transaction ID: D87193

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City State Zip Code
Franklin TN 37068Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Marsha Blackburn011
Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: D82983

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 0 9

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

MARY BONO MACK COMMITTEE

Mailing Address P.O. Box 3370

City
Palm SpringsState
CAZip Code
92263Purpose of Disbursement
Contributions to Federal Candidates

011

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

State: CA District: 45

Transaction ID: D87214

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

CAPUANO FOR CONGRESS COMMITTEE

Mailing Address PO BOX 440305

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
Contributions to Federal Candidates

011

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

State: MA District: 08

Transaction ID: D84796

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

CAPUANO FOR CONGRESS COMMITTEE

Mailing Address PO BOX 440305

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
Contributions to Federal Candidates

011

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

State: MA District: 08

Transaction ID: D82592

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CASTLE CAMPAIGN FUND

Mailing Address PO Box 133

City
Wilmington

State
DE

Zip Code
19899

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Michael N. Castle

Office Sought: ☒ House
☐ Senate
☐ President

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

State: DE District: 00

Transaction ID: D82984

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

BACHMANN FOR CONGRESS

Mailing Address PO BOX 25950

City
WOODBURY

State
MN

Zip Code
55125

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Michele Bachmann

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MN District: 06

Transaction ID: D82976

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City
Sacramento

State
CA

Zip Code
95841

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Mike Thompson

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 01

Transaction ID: D82475

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

5000.00

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)

NANCY PELOSI FOR CONGRESS

Mailing Address 235 Montgomery Street

City State Zip Code
San Francisco CA 94104Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Nancy Pelosi010
Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 08

Transaction ID: D84161

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

PATRICK MURPHY FOR CONGRESS

Mailing Address P.O. Box 868

City State Zip Code
Levittown PA 19058Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Patrick Murphy011
Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: D84901

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

PATRICK MURPHY FOR CONGRESS

Mailing Address P.O. Box 868

City State Zip Code
Levittown PA 19058Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Patrick Murphy011
Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: D87218

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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) **PETE SESSIONS FOR CONGRESS**

Mailing Address PO Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Pete Sessions

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TX District: 32

Transaction ID: D75250

Date of Disbursement

01 / 14 / 2009

Amount of Each Disbursement this Period

5000.00

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

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Rick Larsen

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WA District: 02

Transaction ID: D87223

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 2000 Market Street Suite 500

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Robert A. Brady

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 01

Transaction ID: D84159

Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)

FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City
NEW HAVEN

State
CT

Zip Code
06511

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Rosa L. DeLauro

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CT District: 03

Transaction ID: D86831

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

GRAVES FOR CONGRESS

Mailing Address 2345 Grand, Suite 2400

City
Kansas City

State
MO

Zip Code
64108

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Sam B. Graves, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MO District: 06

Transaction ID: D82477

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

BERKLEY FOR CONGRESS

Mailing Address 3069 Conquista Court

City
Las Vegas

State
NV

Zip Code
89121

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Shelley Berkley

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NV District: 01

Transaction ID: D86647

Date of Disbursement

/ /

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)

PAGE 299 / 316

<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
CharlestonState
WVZip Code
25339Purpose of Disbursement
Contributions to Federal Candidates

011

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

State: WV District: 02

Transaction ID: D83797

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. Box 11519

City
CharlestonState
WVZip Code
25339Purpose of Disbursement
Contributions to Federal Candidates

011

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

State: WV District: 02

Transaction ID: D87208

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	9

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

SUE MYRICK FOR CONGRESS

Mailing Address P.O. Box 37091

City
CharlotteState
NCZip Code
28237Purpose of Disbursement
Contributions to Federal Candidates

011

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

State: NC District: 09

Transaction ID: D84781

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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)

TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City
Farmingville

State
NY

Zip Code
11738

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Tim Bishop

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 01

Transaction ID: D84780

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City
Farmingville

State
NY

Zip Code
11738

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Tim Bishop

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 01

Transaction ID: D82774

Date of Disbursement

03 / 18 / 2009

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
Farmingville

State
NY

Zip Code
11738

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Tim Bishop

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 01

Transaction ID: D86829

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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)

TIM RYAN FOR CONGRESS

Mailing Address 1600 Roosevelt Avenue

City Niles State OH Zip Code 44446

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tim J. Ryan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OH District: 17

Transaction ID: D82783

Date of Disbursement

03 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tom E. Price, M.D.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: GA District: 06

Transaction ID: D76351

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tom E. Price, M.D.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: GA District: 06

Transaction ID: D84617

Date of Disbursement

05 / 13 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

National Emergency Medicine Political Action Committee

1500.00

1500.00

-2000.00

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

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)

WALLY HERGER FOR CONGRESS COMMITTEE

Mailing Address 1006 Pendleton St

City
Alexandria

State
VA

Zip Code
22314-1837

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Wally Herger

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 02

Transaction ID: D86649

Date of Disbursement

06 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

WALLY HERGER FOR CONGRESS COMMITTEE

Mailing Address 1006 Pendleton St

City
Alexandria

State
VA

Zip Code
22314-1837

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Wally Herger

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 02

Transaction ID: D86650

Date of Disbursement

06 / 03 / 2009

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

CLARKE FOR CONGRESS

Mailing Address 499 S. Capitol Street, SW
Suite 422

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contributions to Federal candidates

011

Category/
Type

Candidate Name
Rep. Yvette D. Clarke

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 11

Transaction ID: D82986

Date of Disbursement

03 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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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)
Republican Main Street Partnership PACMailing Address 2201 Wisconsin Ave, NW
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement
refund of contributionsCandidate Name
Republican Main Street Partnership PACOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: D83877

Date of Disbursement

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

Amount of Each Disbursement this Period

-5000.00

B. Full Name (Last, First, Middle Initial)
Rogers For CongressMailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

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

State: MI District: 08

Transaction ID: D82480

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	9

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Mr. Peter RoskamOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: D84785

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

-1500.00

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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FOR LINE NUMBER:
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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)

Ryan For Congress

Mailing Address P. O. Box 1919

City
Janesville

State
WI

Zip Code
53547

Purpose of Disbursement
Contributions to 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: D86648

Date of Disbursement

06 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Schock For Congress

Mailing Address PO Box 10555

City
Peoria

State
IL

Zip Code
61612

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Mr. Aaron Schock

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IL District: 18

Transaction ID: D82479

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City
DES MOINES

State
IA

Zip Code
50304

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Sen. Charles E. Grassley

Office Sought: ☐ House
☒ Senate
☐ President

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

State: IA District: 00

Transaction ID: D84619

Date of Disbursement

05 / 13 / 2009

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)

FRIENDS OF SCHUMER

Mailing Address 509 MADISON AVE SUITE 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Sen. Charles E. SchumerOffice Sought: ☐ House
☒ Senate
☐ President

State: NY District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: D87219

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	9

Amount of Each Disbursement this Period

2500.00

B.

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 to Federal CandidatesCandidate Name
Sen. Harry ReidOffice Sought: ☐ House
☒ Senate
☐ President

State: NV District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: D84385

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF KENT CONRAD

Mailing Address 426 C St NE

City Washington State DC Zip Code 20002-5839

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Sen. Kent ConradOffice Sought: ☐ House
☒ Senate
☐ President

State: ND District: 00

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

Transaction ID: D84613

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	9

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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☐ 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)

PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City
SEATTLE

State
WA

Zip Code
98124

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Sen. Patty Murray

Office Sought: ☐ House
☒ Senate
☐ President

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

State: WA District: 00

Transaction ID: D79440

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

MENENDEZ FOR SENATE

Mailing Address P.O. Box 848

City
Union City

State
NJ

Zip Code
07087

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Sen. Robert Menendez

Office Sought: ☐ House
☒ Senate
☐ President

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

State: NJ District: 00

Transaction ID: D86828

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

WYDEN FOR SENATE

Mailing Address 7036 N Wall Ave
c/o Elizabeth Kelly

City
Portland

State
OR

Zip Code
97203-5152

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Sen. Ron Wyden

Office Sought: ☐ House
☒ Senate
☐ President

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

State: OR District: 00

Transaction ID: D82586

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

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)
FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Sherrod Brown

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: OH District: 00

Transaction ID: D79435

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Stabenow For Us Senate

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Debbie Stabenow

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: MI District: 00

Transaction ID: D82784

Date of Disbursement

03 / 18 / 2009

Amount of Each Disbursement this Period

4000.00

C. Full Name (Last, First, Middle Initial)
Steve Austria For Congress

Mailing Address 2537 Obetz Drive

City Beavercreek State OH Zip Code 45434

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Mr. Steve Austria

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OH District: 07

Transaction ID: D83798

Date of Disbursement

03 / 31 / 2009

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)

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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) Tim Murphy For Congress			Transaction ID: D82594																					
	Mailing Address PO Box 24551			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	3		1	1		2	0	0	9															
City Pttsburgh State PA Zip Code 15234			Amount of Each Disbursement this Period																						
Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Tim F. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table> Category/ Type		0	1	1																		
0	1	1																							
B.	Full Name (Last, First, Middle Initial) Tim Murphy For Congress			Transaction ID: D86826																					
	Mailing Address PO Box 24551			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	6		1	0		2	0	0	9															
City Pttsburgh State PA Zip Code 15234			Amount of Each Disbursement this Period																						
Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Tim F. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			<table border="1"> <tr> <td>2</td><td>0</td><td>0</td> </tr> </table> Category/ Type		2	0	0																		
2	0	0																							
C.	Full Name (Last, First, Middle Initial) Tim Murphy For Congress			Transaction ID: D87212																					
	Mailing Address PO Box 24551			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	6		2	4		2	0	0	9															
City Pttsburgh State PA Zip Code 15234			Amount of Each Disbursement this Period																						
Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Tim F. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			<table border="1"> <tr> <td>2</td><td>0</td><td>0</td> </tr> </table> Category/ Type		2	0	0																		
2	0	0																							

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tuesday Group PAC</p> <p>Mailing Address c/o Goeas and Associates 1707 Prince Street, #5</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contributions to Federal PACs</p> <p>Candidate Name Tuesday Group PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2009 Annual contribu</p>	<p>Transaction ID: D75245 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>5000.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Vine PAC</p> <p>Mailing Address 236 Massachusetts Ave NE Ste 603</p> <p>City Washington State DC Zip Code 20002-4971</p> <p>Purpose of Disbursement Contributions to Federal PACs/Committees</p> <p>Candidate Name Vine PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution</p>	<p>Transaction ID: D79439 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2500.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Vine PAC</p> <p>Mailing Address 236 Massachusetts Ave NE Ste 603</p> <p>City Washington State DC Zip Code 20002-4971</p> <p>Purpose of Disbursement Contributions to Federal PACs/Committees</p> <p>Candidate Name Vine PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution</p>	<p>Transaction ID: D84612 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 3 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2500.00</div> </p>

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) VOICE FOR FREEDOM	Transaction ID: D82780 Date of Disbursement
Mailing Address 2814 Spring Road Ste. 103	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 9</div> </div>
City Atlanta State GA Zip Code 30339	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal PACs/Committees	<div>5000.00</div>
Candidate Name VOICE FOR FREEDOM	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution
B. Full Name (Last, First, Middle Initial) Volunteers For Shimkus	Transaction ID: D82977 Date of Disbursement
Mailing Address PO Box 5458	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 0 9</div> </div>
City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>2000.00</div>
Candidate Name Rep. John M. Shimkus	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WE THE PEOPLE PAC	Transaction ID: D84158 Date of Disbursement
Mailing Address P.O. Box 2232	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 9</div> </div>
City Jenkintown State PA Zip Code 19046	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal PACs/Committees	<div>5000.00</div>
Candidate Name WE THE PEOPLE PAC	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution

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

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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)

Martin Heinrich for Congress

Mailing Address 2118 CENTRAL AVENUE SE #71

City ALBUQUERQUE State NM Zip Code 87106

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Martin Heinrich for Congress

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Reattribution of 11/

Transaction ID: D79387

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

-2000.00

[MEMO ITEM]

Reattribution of 11/12/08

B.

Full Name (Last, First, Middle Initial)

Martin Heinrich for Congress

Mailing Address 2118 CENTRAL AVENUE SE #71

City ALBUQUERQUE State NM Zip Code 87106

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Martin Heinrich for Congress

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

State: District: Reattribution of 11/

Transaction ID: D79388

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

Reattributed

C.

Full Name (Last, First, Middle Initial)

Bill Cassidy for US Congress

Mailing Address 8550 United Plaza Blvd
c/o Postlethwait and Netterville

City Baton Rouge State LA Zip Code 70809-2256

Purpose of Disbursement
Contribution to Federal Candidates

Candidate Name
Bill Cassidy for US Congress

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Reattribution of 11/

Transaction ID: D84116

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

-2000.00

[MEMO ITEM]

Reattribution of 11/12/08

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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)

Bill Cassidy for US Congress

Mailing Address 8550 United Plaza Blvd
c/o Postlethwait and Netterville

City Baton Rouge State LA Zip Code 70809-2256

Purpose of Disbursement
Contribution to Federal Candidates

Candidate Name
Bill Cassidy for US Congress

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

011
Category/
Type

Transaction ID: D84117

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2009

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

Reattribution 11/12/08

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

369500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Association of Nurse Anesthetists

Mailing Address 25 Massachusetts Avenue, NW
Suite 550

City Washington State DC Zip Code 20001

Purpose of Disbursement
Other disbursement

Candidate Name

003

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

State: District:

Fundraising event ex

Transaction ID: D75193

Date of Disbursement

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

Amount of Each Disbursement this Period

5500.00

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
Federal Taxes

Candidate Name

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

State: District:

Transaction ID: D76239

Date of Disbursement

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

Amount of Each Disbursement this Period

3334.00

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 JAN 09

Candidate Name

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

State: District:

Transaction ID: D88212

Date of Disbursement

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

Amount of Each Disbursement this Period

388.01

SUBTOTAL of Disbursements This Page (optional)

9222.01

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)

CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement
BANK FEES FEB 09

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D88213

Date of Disbursement

/ /

Amount of Each Disbursement this Period

236.55

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 MAR 09

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D88214

Date of Disbursement

/ /

Amount of Each Disbursement this Period

347.08

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 APR 09

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D88215

Date of Disbursement

/ /

Amount of Each Disbursement this Period

324.28

SUBTOTAL of Disbursements This Page (optional)

907.91

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement
BANK FEES MAY 09

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D88216

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2009

Amount of Each Disbursement this Period

1176.20

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 JUN 09

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D88217

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2009

Amount of Each Disbursement this Period

600.84

SUBTOTAL of Disbursements This Page (optional)

1777.04

TOTAL This Period (last page this line number only)

11906.96