

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

Office Use Only

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

12FE4M5

National Emergency Medicine Political Action Committee

ADDRESS (number and street)

1125 Executive Circle

☐ Check if different than previously reported. (ACC)

Irving

TX

75038

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00140061

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Phyllis Edans CPA, CAE

Signature of Treasurer

Phyllis Edans CPA, CAE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 01 2012 To: M M / D D / Y Y Y Y Y Y
06 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		798835.64
(b) Cash on Hand at Beginning of Reporting Period.....	664474.98	
(c) Total Receipts (from Line 19)	401744.62	553635.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1066219.60	1352471.23
7. Total Disbursements (from Line 31)	331308.85	617560.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	734910.75	734910.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
04		01		2012

To:

M M	/	D D	/	Y Y Y Y Y Y
06		30		2012

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

187170.07

254166.83

(ii) Unitemized

209403.13

289295.81

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

396573.20

543462.64

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5) ►

396573.20

548462.64

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.....

4500.00

4500.00

17. Other Federal Receipts

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

671.42

672.95

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

401744.62

553635.99

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

401744.62

553635.99

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	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.....	328500.00	610500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	555.00	655.00
(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)).....	555.00	655.00
29. Other Disbursements	2253.85	6405.48
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	331308.85	617560.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	331308.85	617560.48

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	396573.20	548462.64
34. Total Contribution Refunds (from Line 28(d))	555.00	655.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	396018.20	547807.64
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

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3XA

Transaction ID :

amended report for period ending June 30, 2012

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 228

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Miguel A Acevedo Segui

Mailing Address 2326 Longmoore Ct

City

Orlando

State

FL

Zip Code

32835-5962

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1668291

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James B Aiken

Mailing Address 81 Yosemite Dr

City

New Orleans

State

LA

Zip Code

70131-8661

FEC ID number of contributing
federal political committee.

C

Name of Employer
physician

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642327

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marc Gregory Amaya

Mailing Address 660 Vinings Estates Dr SE

City

Mableton

State

GA

Zip Code

30126-5908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apollo MD (Powers Pointe Park)

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2012

Transaction ID : C1774606

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 8 OF 228
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sharon Croom Amaya

Mailing Address 660 Vinings Estates Dr SE

City State Zip Code
Mableton GA 30126-5908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apollo MD Powers Pointe Park

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2012

Transaction ID : C1774607

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Stephen H Andersen

Mailing Address 12202 E Shangri La Rd

City State Zip Code
Scottsdale AZ 85259-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scottsdale Emer Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : C1632788

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeffrey D Anderson

Mailing Address 1305 County Road 65

City State Zip Code
Killen AL 35645-5945

FEC ID number of contributing
federal political committee.

C

Name of Employer

ECM Emergency Dept

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : C1647373

Amount of Each Receipt this Period

100.00

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 9 OF 228

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter Andersons

Mailing Address 36919 Patricia Park Pl

City State Zip Code
 Rancho Mirage CA 92270-2385

FEC ID number of contributing federal political committee.

C

Name of Employer

Eisenhower 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 Y
 05 / 24 / 2012

Transaction ID : C1669366

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Shobhit Arora

Mailing Address 405 Nature Ln

City State Zip Code
 Rockville MD 20850-7767

FEC ID number of contributing federal political committee.

C

Name of Employer

Doctors Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : C1649196

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Tom Ashar

Mailing Address 121 Devon Dr

City State Zip Code
 Homewood AL 35209-4315

FEC ID number of contributing federal political committee.

C

Name of Employer

Cullman Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2012

Transaction ID : C1642719

Amount of Each Receipt this Period

150.00

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 10 OF 228

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom Ashar

Mailing Address 121 Devon Dr

City

Homewood

State

AL

Zip Code

35209-4315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cullman Regl Med Ctr

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 Y Y
05 / 24 / 2012

Transaction ID : C1669815

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Brent Asplin

Mailing Address 3150 Excelsior Blvd

City

Minneapolis

State

MN

Zip Code

55416-4626

FEC ID number of contributing
federal political committee.

C

Name of Employer

FAIRVIEW HEALTH SERVICES

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642294

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Brent Asplin

Mailing Address 3150 Excelsior Blvd

City

Minneapolis

State

MN

Zip Code

55416-4626

FEC ID number of contributing
federal political committee.

C

Name of Employer

FAIRVIEW HEALTH SERVICES

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667450

Amount of Each Receipt this Period

83.33

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

266.66

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 228
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brent Asplin

Mailing Address 3150 Excelsior Blvd

City

Minneapolis

State

MN

Zip Code

55416-4626

FEC ID number of contributing
federal political committee.

C

Name of Employer

FAIRVIEW HEALTH SERVICES

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID : C1772031

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Andrew Luke Aswegan

Mailing Address 41 Forsythia Ln

City

Bear

State

DE

Zip Code

19701-6301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Union Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C1666220

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bruce S Auerbach

Mailing Address 211 Park St

Sturdy Meml Hosp

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sturdy Mem Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : C1642323

Amount of Each Receipt this Period

100.00

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 12 OF 228

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce S Auerbach

Mailing Address 211 Park St

Sturdy Meml Hosp

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sturdy Mem Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667453

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Bruce S Auerbach

Mailing Address 211 Park St

Sturdy Meml Hosp

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sturdy Mem Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : C1772013

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Neal Finley Aulick II

Mailing Address 11 Aaronwoods Ct

City

Wheeling

State

WV

Zip Code

26003-9358

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMP of Ohio Co PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2012

Transaction ID : C1669783

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 13 OF 228
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rashid J Baddoura

Mailing Address 120 Heights Rd

City State Zip Code
 Ridgewood NJ 07450-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 12 / 2012

Transaction ID : C1642196

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. D Joan Balcombe

Mailing Address 1054 E 5150 S

City State Zip Code
 Ogden UT 84403-4735

FEC ID number of contributing
federal political committee.

C

Name of Employer

EPIC LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : C1774472

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brien Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City State Zip Code
 Newton Center MA 02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : C1642277

Amount of Each Receipt this Period

83.33

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

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

1583.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 14 OF 228
 (check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brien Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton Center

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	22	/	2012

Transaction ID : C1667454

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Brien Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton Center

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2012

Transaction ID : C1772021

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Timothy Paul Barron

Mailing Address 9435 Mount Vernon Cir

City

Alexandria

State

VA

Zip Code

22309-3221

FEC ID number of contributing
federal political committee.

C

Name of Employer

United States Army

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
04	/	17	/	2012

Transaction ID : C1642209

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 PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leigh Anderson Barrow

Mailing Address 2824 E 25th St

City

Tulsa

State

OK

Zip Code

74114-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer

emergency medicine physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2012

Transaction ID : C2451903

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Claudia L Barthold

Mailing Address 200 S 31st Ave

City

Omaha

State

NE

Zip Code

68131-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNMC

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
06	/	20	/	2012

Transaction ID : C1772407

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jacob Benford

Mailing Address 301 Spyglass Way

City

Aptos

State

CA

Zip Code

95003-4751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Jacob Benford

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2012

Transaction ID : C1774950

Amount of Each Receipt this Period

91.40

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

841.40

TOTAL This Period (last page this line number 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 OF 228
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jacob Benford

Mailing Address 301 Spyglass Way

City State Zip Code
Aptos CA 95003-4751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Jacob Benford

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : C1776130

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Andrew I Bern

Mailing Address 9846 NW 18th St

City State Zip Code
Coral Springs FL 33071-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
physician

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 Y
04 / 17 / 2012

Transaction ID : C1642280

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Andrew I Bern

Mailing Address 9846 NW 18th St

City State Zip Code
Coral Springs FL 33071-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
physician

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 Y
05 / 22 / 2012

Transaction ID : C1667456

Amount of Each Receipt this Period

83.33

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

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

266.66

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

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

FOR LINE NUMBER: PAGE 17 OF 228

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew I Bern

Mailing Address 9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : C1772016

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Benjamin Bernstein

Mailing Address 15 Merrivale Rd

City

Great Neck

State

NY

Zip Code

11021-4924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emergency Medical Associates

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 Y Y
04 / 22 / 2012

Transaction ID : C1644525

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael BessetteMailing Address 651 W Mount Pleasant Ave
EMA

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : C1772319

Amount of Each Receipt this Period

1000.00

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

2083.33

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

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

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

FOR LINE NUMBER: PAGE 18 OF 228

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sheila D Best

Mailing Address 4024 Sharon Woods Dr

City State Zip Code
 Powder Spgs GA 30127-2822

FEC ID number of contributing federal political committee.

C

Name of Employer

Sheila D Best, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : C1656813

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sheila D Best

Mailing Address 4024 Sharon Woods Dr

City State Zip Code
 Powder Spgs GA 30127-2822

FEC ID number of contributing federal political committee.

C

Name of Employer

Sheila D Best, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : C1776103

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. John D Bibb

Mailing Address 16449 Akron St

City State Zip Code
 Pacific Plsds CA 90272-2304

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2012

Transaction ID : C1637982

Amount of Each Receipt this Period

1000.00

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

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

2100.00

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

PAGE 19 OF 228

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stewart E Bick

Mailing Address 1149 W 116th St

City

Carmel

State

IN

Zip Code

46032-9512

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Vincent Hosp & Hlth Cre Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Transaction ID : C1625962

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dale Scott Birenbaum

Mailing Address 3298 Kentshire Blvd

City

Ocoee

State

FL

Zip Code

34761-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : C1668405

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael D Bishop

Mailing Address 1155 W 3rd St

Dynamic Medical Practice Services

City

Bloomington

State

IN

Zip Code

47404-5016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dynamic medical Practice Services

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2012

Transaction ID : C1772214

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 20 OF 228

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory J Bjerke

Mailing Address 2973 Peterson Pkwy N

City

Fargo

State

ND

Zip Code

58102-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford-Meritcare

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : C1772003

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Joseph Bledsoe

Mailing Address 8888 Upper Lando Ln

City

Park City

State

UT

Zip Code

84098-5847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of UT Hosp & Clinics ED

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 Y Y
04 / 18 / 2012

Transaction ID : C1642724

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Joseph Bledsoe

Mailing Address 8888 Upper Lando Ln

City

Park City

State

UT

Zip Code

84098-5847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of UT Hosp & Clinics ED

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 Y Y
06 / 08 / 2012

Transaction ID : C1767839

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:
(check only one)

PAGE 21 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frederick C Blum

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer

WV UNIVERSITY

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 Y
04 / 17 / 2012

Transaction ID : C1642288

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Frederick C Blum

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer

WV UNIVERSITY

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 Y
05 / 23 / 2012

Transaction ID : C1668418

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Frederick C Blum

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer

WV UNIVERSITY

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 Y
06 / 15 / 2012

Transaction ID : C1772008

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 22 OF 228
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian M Boesiger

Mailing Address 419 E Cave Ct

City State Zip Code
Boise ID 83702-5064

FEC ID number of contributing
federal political committee.

C

Name of Employer

ID Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : C1625956

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jason Bolden

Mailing Address 3011 Rock Springs Rd

City State Zip Code
Charlotte NC 28226-7357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jason Bolden, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : C1669368

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ethan A Booker

Mailing Address 417 T St NW

City State Zip Code
Washington DC 20001-1808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Hosp 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 Y
05 / 24 / 2012

Transaction ID : C1669373

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Keenan M Bora

Mailing Address 3475 Ridgeline Ct

City

Ann Arbor

State

MI

Zip Code

48105-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642329

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Samuel Francis Bosco

Mailing Address 6 Fox Glove Ct

City

Wynantskill

State

NY

Zip Code

12198-7801

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Peters Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 11 / 2012

Transaction ID : C1658414

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bradford J Bowls

Mailing Address 121 NW Ivanhoe Blvd

City

Orlando

State

FL

Zip Code

32804-5958

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668383

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 24 OF 228

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alkesh Brahmhatt

Mailing Address 1441 Langham Ter

City

Lake Mary

State

FL

Zip Code

32746-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1668411

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sabina A Braithwaite

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer

SEDGWICK COUNTY

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642289

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Sabina A Braithwaite

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer

SEDGWICK COUNTY

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667459

Amount of Each Receipt this Period

83.33

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

1166.66

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sabina A Braithwaite

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer

SEDGWICK COUNTY

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772028

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Francine H Brooks

Mailing Address 21 Fair St

City

Cold Spring

State

NY

Zip Code

10516-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vassar Brothers Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2012

Transaction ID : C1773471

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Tracy Brown

Mailing Address 12528 Sr 78

City

Havana

State

IL

Zip Code

62644-6866

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSF St Francis Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1656815

Amount of Each Receipt this Period

1000.00

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

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

1333.33

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

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

FOR LINE NUMBER: PAGE 26 OF 228
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Yvonne Marie Brutger

Mailing Address 5458 Sanibel Dr

City State Zip Code
 Minnetonka MN 55343-9474

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Mem 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 Y
 05 / 22 / 2012

Transaction ID : C1668196

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John William Burger

Mailing Address 58 Norfolk Ave

City State Zip Code
 Clarendon Hls IL 60514-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : C1669369

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Burton

Mailing Address 3875 Geist Rd
 Golden Heart Emer Phys # 381

City State Zip Code
 Fairbanks AK 99709-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Golden Heart Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 02 / 2012

Transaction ID : C1757359

Amount of Each Receipt this Period

500.00

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

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 228
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph J Calabro

Mailing Address 15 Hance Rd

City

Fair Haven

State

NJ

Zip Code

07704-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer

PPE

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C1658413

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jennifer E Callaway

Mailing Address 1528 Dilworth Rd

City

Charlotte

State

NC

Zip Code

28203-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Hosp

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	6		2	5		2	0	1	2

Transaction ID : C1773484

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jorge L Cambo

Mailing Address 1143 Raintree Pl

City

Winter Park

State

FL

Zip Code

32789-2563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Phys Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C1651311

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eva M Carey

Mailing Address 3705 Arctic Blvd
296

City Anchorage State AK Zip Code 99503-5774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Eva M Carey

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 19 / 2012

Transaction ID : C1772144

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael L Carius

Mailing Address 34 Maple St
Norwalk Hosp ED Chairman

City Norwalk State CT Zip Code 06850-3815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Norwalk Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 02 / 2012

Transaction ID : C1623320

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kevin P Carmen

Mailing Address 1398 Hampton Knoll Dr

City Akron State OH Zip Code 44313-4890

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brody Sch of Med @ ECU, ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 03 / 2012

Transaction ID : C1654644

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 29 OF 228
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jesse Caron

Mailing Address 500 Winderley Pl

FL Emer Phys

City

State

Zip Code

Maitland

FL

32751-7406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

FL Emer Phys Kang & Assoc

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1668395

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jennifer Casaletto

Mailing Address 524 Stonewater Bay Ln

City

State

Zip Code

Mount Holly

NC

28120-9168

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Medpro Emer Phys

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : C1774483

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Cassara

Mailing Address 5 Collins Ave

City

State

Zip Code

Kings Park

NY

11754-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

North Shore-LIJ Health System

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1651321

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

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PAGE 30 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Cetta

Mailing Address 16 Piney Glen Ct

City

Potomac

State

MD

Zip Code

20854-1411

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1655015

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Kahang Lee Chan

Mailing Address 1618 Bridgewater Dr

City

Lake Mary

State

FL

Zip Code

32746-4103

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668409

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mary Anna Chiu

Mailing Address 10220 N Orchard Ln

City

Spokane

State

WA

Zip Code

99208-5523

FEC ID number of contributing
federal political committee.

C

Name of Employer

EPS

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 19 / 2012

Transaction ID : C1772317

Amount of Each Receipt this Period

150.00

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

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

3150.00

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

PAGE 31 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael C Christopher

Mailing Address 6149 E Wilshire Dr

City

Scottsdale

State

AZ

Zip Code

85257-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMPOWER EMERGENCY PHYSICIANS

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

Transaction ID : C1642293

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Michael C Christopher

Mailing Address 6149 E Wilshire Dr

City

Scottsdale

State

AZ

Zip Code

85257-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMPOWER EMERGENCY PHYSICIANS

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

Transaction ID : C1667472

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Michael C Christopher

Mailing Address 6149 E Wilshire Dr

City

Scottsdale

State

AZ

Zip Code

85257-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMPOWER EMERGENCY PHYSICIANS

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2012

Transaction ID : C1772020

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:
(check only one)

PAGE 32 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. L Anthony Cirillo

Mailing Address 91 Woodridge Dr

City

Saunderstown

State

RI

Zip Code

02874-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642330

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Leonardo Cisneros

Mailing Address 2365 Forrest Rd

City

Winter Park

State

FL

Zip Code

32789-6028

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668381

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Carol L Clark

Mailing Address 3601 W 13 Mile Rd

William Beaumont Hosp ED

City

Royal Oak

State

MI

Zip Code

48073-6712

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642331

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 33 OF 228

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nathaniel W Clark

Mailing Address 1216 E Newton St

City
SeattleState
WAZip Code
98102-4104FEC 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 Y Y
04 / 05 / 2012

Transaction ID : C1625960

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. R Carter Clements

Mailing Address 5558 Taft Ave

City
OaklandState
CAZip Code
94618-1519FEC 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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642296

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. R Carter Clements

Mailing Address 5558 Taft Ave

City
OaklandState
CAZip Code
94618-1519FEC 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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667473

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
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FOR LINE NUMBER: PAGE 34 OF 228
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. R Carter Clements

Mailing Address 5558 Taft Ave

City State Zip Code
Oakland CA 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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 15 / 2012

Transaction ID : C1772012

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Nathan J Cleveland

Mailing Address 10458 Hope Mills Dr

City State Zip Code
Las Vegas NV 89135-2865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Denver Hlth Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2012

Transaction ID : C1666246

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Nathan J Cleveland

Mailing Address 10458 Hope Mills Dr

City State Zip Code
Las Vegas NV 89135-2865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Denver Hlth Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2012

Transaction ID : C1669364

Amount of Each Receipt this Period

250.00

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

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

433.33

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clinton Coil

Mailing Address 1000 W Carson St

LAC Harbor UCLA Med Ctr

City

Torrance

State

CA

Zip Code

90502-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAC Harbor UCLA Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : C1663789

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lloyd G Connelly

Mailing Address 1578 SE Lambert St

City

Portland

State

OR

Zip Code

97202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Hlth and Science 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 Y
05 / 01 / 2012

Transaction ID : C1651340

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Helene Connolly

Mailing Address 500 Thatcher Ave

City

River Forest

State

IL

Zip Code

60305-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hosp & Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : C1773486

Amount of Each Receipt this Period

100.00

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

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

600.00

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

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Helene Connolly

Mailing Address 500 Thatcher Ave

City

River Forest

State

IL

Zip Code

60305-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hosp & Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2012

Transaction ID : C1774482

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. David Thomas Cook

Mailing Address 809 Bridgetown Pass

City

Mt Pleasant

State

SC

Zip Code

29464-8330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christiana Care Hlth Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2012

Transaction ID : C1774476

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert Raymond Cooney

Mailing Address 210 Concord St

City

Indiana

State

PA

Zip Code

15701-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allegheny Gen Hos

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667438

Amount of Each Receipt this Period

250.00

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 37 OF 228

(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marco Coppola

Mailing Address 7105 Waldon Ct

City
ColleyvilleState
TXZip Code
76034-7319FEC ID number of contributing
federal political committee.

C

Name of Employer
Questcare Med SvcsOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1666164

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Christopher Corbit

Mailing Address 1075 Mornington Cir

City
UniontownState
OHZip Code
44685-6244FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron Gen Med Ctr Dept of EMOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2012

Transaction ID : C1666239

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert J Cox

Mailing Address 817 Thomaston St

City
BarnesvilleState
GAZip Code
30204-1729FEC ID number of contributing
federal political committee.

C

Name of Employer
EmergiNet/Summit Med SvcsOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667474

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 38 OF 228

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonna Wray Cubin

Mailing Address 1800 Elkhorn Valley Dr

City

Casper

State

WY

Zip Code

82609-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iverson Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : C1658415

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James Michael Cusick

Mailing Address 1077 Race St

City

Denver

State

CO

Zip Code

80206-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642284

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. James Michael Cusick

Mailing Address 1077 Race St

City

Denver

State

CO

Zip Code

80206-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667477

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Michael Cusick

Mailing Address 1077 Race St

City

Denver

State

CO

Zip Code

80206-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772014

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Peter Michael Daher

Mailing Address 11753 Pacific St

City

Omaha

State

NE

Zip Code

68154-3444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Creighton Univ Med Ctr EM Dept

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2012

Transaction ID : C1644901

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert James Davis

Mailing Address 391 Boxberry Hill Rd

City

East Falmouth

State

MA

Zip Code

02536-4125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Falmouth Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 05 / 2012

Transaction ID : C1625954

Amount of Each Receipt this Period

300.00

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

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

633.33

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven Edward Davis

Mailing Address 444 Dillon Cir NE

City

North Canton

State

OH

Zip Code

44720-7863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Canton Aultman Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2012

Transaction ID : C1666247

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brian C Dawson

Mailing Address 359 Augusta Dr

City

Abingdon

State

VA

Zip Code

24211-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brody Schl of Med @ ECU ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2012

Transaction ID : C1642574

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian C Dawson

Mailing Address 359 Augusta Dr

City

Abingdon

State

VA

Zip Code

24211-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brody Schl of Med @ ECU ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2012

Transaction ID : C1667479

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carrie DeMoor

Mailing Address 4701 Paxton Ln

City
FriscoState
TXZip Code
75034-2209FEC ID number of contributing
federal political committee.

C

Name of Employer
TX Tech Hlth Sci CtrOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	05	/	2012

Transaction ID : C1625950

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Carrie DeMoor

Mailing Address 4701 Paxton Ln

City
FriscoState
TXZip Code
75034-2209FEC ID number of contributing
federal political committee.

C

Name of Employer
TX Tech Hlth Sci CtrOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	27	/	2012

Transaction ID : C1649301

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

C. Fred Dennis

Mailing Address 22287 Mulholland Hwy

City
CalabasasState
CAZip Code
91302-5157FEC ID number of contributing
federal political committee.

C

Name of Employer
EmCareOccupation
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
04	/	17	/	2012

Transaction ID : C1642276

Amount of Each Receipt this Period

83.33

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

391.33

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fred Dennis

Mailing Address 22287 Mulholland Hwy

City	State	Zip Code
Calabasas	CA	91302-5157

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 ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2012

Transaction ID : C1667480

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Fred Dennis

Mailing Address 22287 Mulholland Hwy

City	State	Zip Code
Calabasas	CA	91302-5157

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 ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : C1772015

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Paul DePonte

Mailing Address 107 Baytree Ct

City	State	Zip Code
Winter Spgs	FL	32708-5122

FEC ID number of contributing federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

Transaction ID : C1668386

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laurence R DesRochers

Mailing Address 640 Harbor Rd

City State Zip Code
Brick NJ 08724-4716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jersey Emer Med Spec

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642324

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. William D Dicindio

Mailing Address 124 Erica Ct

City State Zip Code
Swedesboro NJ 08085-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Healthcare

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : C1666188

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. William D Dicindio

Mailing Address 124 Erica Ct

City State Zip Code
Swedesboro NJ 08085-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Healthcare

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : C1658416

Amount of Each Receipt this Period

200.00

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

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

425.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. William D Dicindio

Mailing Address 124 Erica Ct

City

Swedesboro

State

NJ

Zip Code

08085-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Jersey Healthcare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 27 / 2012

Transaction ID : C1775262

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert Lewis Dickson

Mailing Address ST14 Lake Cherokee

City

Henderson

State

TX

Zip Code

75652-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Good Sheperd Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

04 / 16 / 2012

Transaction ID : C1642578

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Robert Lewis Dickson

Mailing Address ST14 Lake Cherokee

City

Henderson

State

TX

Zip Code

75652-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Good Sheperd Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 24 / 2012

Transaction ID : C1669378

Amount of Each Receipt this Period

1000.00

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jno Jacob Disch

Mailing Address 3892 Savoy Dr

City
Cleveland

State
OH

Zip Code
44126-1766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Akron Gen Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2012

Transaction ID : C1772340

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marc M Dreier

Mailing Address 295 Richards Rd

City
Ridgewood

State
NJ

Zip Code
07450-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2012

Transaction ID : C1644911

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Laurie C Drill-Mellum

Mailing Address 5850 County Road 155

City
Waconia

State
MN

Zip Code
55387-9654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Phys & Consultants

Occupation

Emergency 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
05 / 01 / 2012

Transaction ID : C1651328

Amount of Each Receipt this Period

250.00

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

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

3250.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carlos Gomez Duarte

Mailing Address 6N969 Whispering Trl

City

Saint Charles

State

IL

Zip Code

60175-6363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Emergency Care Management

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 24 / 2012

Transaction ID : C1669775

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. James R Dudley

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

Tappahannock

State

VA

Zip Code

22560-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Tappahannock Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642272

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. James R Dudley

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

Tappahannock

State

VA

Zip Code

22560-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Tappahannock Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667481

Amount of Each Receipt this Period

50.00

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. James R Dudley

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

Tappahannock

State

VA

Zip Code

22560-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Tappahannock Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : C1772029

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Robert Brian Dunne

Mailing Address 51800 9 Mile Rd

City

Northville

State

MI

Zip Code

48167-9773

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Specialists PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : C1757425

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James S Eadie

Mailing Address 201 N Lowell Ln

City

Austin

State

TX

Zip Code

78733-4223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sante Health Ventures

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : C1775057

Amount of Each Receipt this Period

1000.00

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

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

2050.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. William C Eidenmuller

Mailing Address 3300 Vancouver Dr

City State Zip Code
 Modesto CA 95355-9755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kern Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : C1757374

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. William C Eidenmuller

Mailing Address 3300 Vancouver Dr

City State Zip Code
 Modesto CA 95355-9755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kern Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012

Transaction ID : C1775211

Amount of Each Receipt this Period

91.40

Full Name (Last, First, Middle Initial)

C. Emile El-Shammaa

Mailing Address 287 Bristol Way

City State Zip Code
 Worthington OH 43085-3272

FEC ID number of contributing
federal political committee.

C

Name of Employer

OH State Univ 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 Y
 04 / 17 / 2012

Transaction ID : C1642584

Amount of Each Receipt this Period

100.00

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

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291.40

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Emile El-Shammaa

Mailing Address 287 Bristol Way

City State Zip Code
 Worthington OH 43085-3272

FEC ID number of contributing
federal political committee.

C

Name of Employer

OH State Univ 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 Y
 05 / 01 / 2012

Transaction ID : C1651319

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Randy Engelman

Mailing Address 2918 E 97th Ct

City State Zip Code
 Tulsa OK 74137-7367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : C1669381

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Angelo L Falcone

Mailing Address 12410 Milestone Center Dr
 Med Emer Prof Llc

City State Zip Code
 Germantown MD 20876-7103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : C1655013

Amount of Each Receipt this Period

2000.00

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

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

3500.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jay L Falk

Mailing Address 86 W Underwood St
Orlando Health

City State Zip Code
Orlando FL 32806-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Reg 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 Y
05 / 30 / 2012

Transaction ID : C1670248

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richard M Feldman

Mailing Address 836 W Wellington Ave
Advocate IL Masonic Med Ctr ED

City State Zip Code
Chicago IL 60657-5147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate IL Masonic 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 Y
04 / 17 / 2012

Transaction ID : C1642213

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Claudine S Feliciano

Mailing Address 639 Bobwhite Ln

City State Zip Code
New Lenox IL 60451-8595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Macomb-Warren Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : C1669363

Amount of Each Receipt this Period

250.00

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

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1500.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott E Felten

Mailing Address 11122 S Harvard Ave

City

Tulsa

State

OK

Zip Code

74137-7810

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Francis Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 24 / 2012

Transaction ID : C1669382

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brent M Felton

Mailing Address 1536 Woodside Dr

City

East Lansing

State

MI

Zip Code

48823-2950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Phys Assoc PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2012

Transaction ID : C1765978

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John T Finnell II

Mailing Address 505 S 5th St

City

Zionsville

State

IN

Zip Code

46077-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642278

Amount of Each Receipt this Period

83.33

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

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

1583.33

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. John T Finnell II

Mailing Address 505 S 5th St

City

Zionsville

State

IN

Zip Code

46077-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667482

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. John T Finnell II

Mailing Address 505 S 5th St

City

Zionsville

State

IN

Zip Code

46077-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : C1772027

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Diana L Fite

Mailing Address 15806 Maple Falls Ct

City

Tomball

State

TX

Zip Code

77377-8762

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642312

Amount of Each Receipt this Period

90.00

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

256.66

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

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Diana L Fite

Mailing Address 15806 Maple Falls Ct

City State Zip Code
Tomball TX 77377-8762

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 22 2012

Transaction ID : C1667483

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Diana L Fite

Mailing Address 15806 Maple Falls Ct

City State Zip Code
Tomball TX 77377-8762

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 15 2012

Transaction ID : C1772010

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Juan Francisco Fitz

Mailing Address 6003 84th St

City State Zip Code
Lubbock TX 79424-3686

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 ▼

549.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 17 2012

Transaction ID : C1642279

Amount of Each Receipt this Period

83.33

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

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

263.33

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Juan Francisco Fitz

Mailing Address 6003 84th St

City

Lubbock

State

TX

Zip Code

79424-3686

FEC ID number of contributing
federal political committee.

C

Name of Employer

COVENANT MED GRP

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

549.98

Date of Receipt

05 / 07 / 2012

Transaction ID : C1666147

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Juan Francisco Fitz

Mailing Address 6003 84th St

City

Lubbock

State

TX

Zip Code

79424-3686

FEC ID number of contributing
federal political committee.

C

Name of Employer

COVENANT MED GRP

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

549.98

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667484

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Juan Francisco Fitz

Mailing Address 6003 84th St

City

Lubbock

State

TX

Zip Code

79424-3686

FEC ID number of contributing
federal political committee.

C

Name of Employer

COVENANT MED GRP

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

549.98

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772018

Amount of Each Receipt this Period

83.33

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

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

216.66

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City State Zip Code
 Virginia Beach VA 23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : C1642321

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City State Zip Code
 Virginia Beach VA 23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : C1667485

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City State Zip Code
 Virginia Beach VA 23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012

Transaction ID : C1772032

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 56 OF 228

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marsha D Ford

Mailing Address PO Box 32861

Carolinas Med Ctr ED

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAROLINAS HEALTHCARE SYSTEM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2012

Transaction ID : C1642273

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Marsha D Ford

Mailing Address PO Box 32861

Carolinas Med Ctr ED

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAROLINAS HEALTHCARE SYSTEM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2012

Transaction ID : C1667486

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Marsha D Ford

Mailing Address PO Box 32861

Carolinas Med Ctr ED

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAROLINAS HEALTHCARE SYSTEM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : C1772011

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 57 OF 228
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott H Freedman

Mailing Address 12814 Doe Ln

City

Gaithersburg

State

MD

Zip Code

20878-6105

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEP

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : C1655016

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Daniel Freess

Mailing Address 612 Fern St

City

West Hartford

State

CT

Zip Code

06107-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Connecticut

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667425

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Vidor E Friedman

Mailing Address 13061 Water Point Blvd

City

Windermere

State

FL

Zip Code

34786-5818

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1668390

Amount of Each Receipt this Period

1000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 58 OF 228

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vicki Kay Friend

Mailing Address 5753 Aloma Woods Blvd

City	State	Zip Code
Oviedo	FL	32765-9437

FEC ID number of contributing federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

Transaction ID : C1668282

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wayne S Friestad

Mailing Address 1528 Langham Ter

City	State	Zip Code
Lake Mary	FL	32746-1971

FEC ID number of contributing federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

Transaction ID : C1668403

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Douglas H Gaither

Mailing Address 6140 S Gun Club Rd K6

City	State	Zip Code
Aurora	CO	80016-5308

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2012

Transaction ID : C1669761

Amount of Each Receipt this Period

100.00

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

2100.00

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

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

PAGE 59 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Stephen Gallea

Mailing Address PO Box 6622

City

Helena

State

MT

Zip Code

59604-6622

FEC ID number of contributing
federal political committee.

C

Name of Employer

WILLIAM GALLEA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		17		2012

Transaction ID : C1642320

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. William Stephen Gallea

Mailing Address PO Box 6622

City

Helena

State

MT

Zip Code

59604-6622

FEC ID number of contributing
federal political committee.

C

Name of Employer

WILLIAM GALLEA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2012

Transaction ID : C1667487

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. William Stephen Gallea

Mailing Address PO Box 6622

City

Helena

State

MT

Zip Code

59604-6622

FEC ID number of contributing
federal political committee.

C

Name of Employer

WILLIAM GALLEA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2012

Transaction ID : C1772026

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brett A Gamma

Mailing Address 14930 Finegan Farm Dr

City

Germantown

State

MD

Zip Code

20874-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shady Grove Adventist Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
05 / 07 / 2012

Transaction ID : C1655014

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Brent F Gardner

Mailing Address 640 E Club Cir

City

Longwood

State

FL

Zip Code

32779-2256

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY
04 / 17 / 2012

Transaction ID : C1642267

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brent F Gardner

Mailing Address 640 E Club Cir

City

Longwood

State

FL

Zip Code

32779-2256

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY
05 / 23 / 2012

Transaction ID : C1668385

Amount of Each Receipt this Period

1000.00

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

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

3250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 61 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laurence J Gavin

Mailing Address 516 Pine St

City

Philadelphia

State

PA

Zip Code

19106-4111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1654633

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Reginald Gaylord

Mailing Address 5740 S King Dr

City

Chicago

State

IL

Zip Code

60637-1275

FEC ID number of contributing
federal political committee.

C

Name of Employer

EPMG

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : C1775412

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ryan Geers

Mailing Address 1017 Urbancrest Dr

City

Cincinnati

State

OH

Zip Code

45226-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer

St E

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2012

Transaction ID : C1647419

Amount of Each Receipt this Period

100.00

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

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

715.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 228
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan Geers

Mailing Address 1017 Urbancrest Dr

City

Cincinnati

State

OH

Zip Code

45226-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer

St E

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
06	/	25	/	2012

Transaction ID : C1773358

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Steven Paul Gohsler

Mailing Address 6 Byram Ct

City

Mendham

State

NJ

Zip Code

07945-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morristown Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2012

Transaction ID : C1774672

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David Andrew Goldman

Mailing Address 428 Raccoon St

City

Lake Mary

State

FL

Zip Code

32746-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2012

Transaction ID : C1668412

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 PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher Michael Gooch

Mailing Address 52675 Timber Dr

City

Bridgeport

State

OH

Zip Code

43912-7724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Valley Med Ctr

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
05		24		2012

Transaction ID : C1669367

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Michael Goodloe

Mailing Address 3720 E 99th Pl

City

Tulsa

State

OK

Zip Code

74137-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF OK

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
04		16		2012

Transaction ID : C1638567

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mylissa Amy Graber

Mailing Address 7809 Trieste Pl

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMCARE

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		17		2012

Transaction ID : C1642319

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:
(check only one)

PAGE 64 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mylissa Amy Graber

Mailing Address 7809 Trieste Pl

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMCARE

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667488

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mylissa Amy Graber

Mailing Address 7809 Trieste Pl

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMCARE

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772033

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Louis G Graff

Mailing Address 130 Oakridge

City

Unionville

State

CT

Zip Code

06085-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Britian General Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 05 / 2012

Transaction ID : C1625955

Amount of Each Receipt this Period

1000.00

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

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

1200.00

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

PAGE 65 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald Eugene Graham

Mailing Address 2104 Pell St

City

Scottsboro

State

AL

Zip Code

35769-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Ronald Eugene Graham

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C1765963

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Keith Grams

Mailing Address 7 Tilsit Way

City

Webster

State

NY

Zip Code

14580-4704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rochester General Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C1767864

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael A Granovsky

Mailing Address 8295 Alvord St

City

Mc Lean

State

VA

Zip Code

22102-1739

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Washington Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		15		2012

Transaction ID : C1663787

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 66 OF 228

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code
 Aiken SC 29803-5688

FEC ID number of contributing federal political committee.

C

Name of Employer

physician

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 Y
 04 17 2012

Transaction ID : C1642287

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Stephen A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code
 Aiken SC 29803-5688

FEC ID number of contributing federal political committee.

C

Name of Employer

physician

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 Y
 05 22 2012

Transaction ID : C1667489

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Stephen A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code
 Aiken SC 29803-5688

FEC ID number of contributing federal political committee.

C

Name of Employer

physician

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 Y
 06 15 2012

Transaction ID : C1772025

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrea L Green

Mailing Address 22428 Springflower Dr

City

Golden

State

CO

Zip Code

80401-8033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 04 / 2012

Transaction ID : C1633283

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Andrea L Green

Mailing Address 22428 Springflower Dr

City

Golden

State

CO

Zip Code

80401-8033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642326

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Andrea L Green

Mailing Address 22428 Springflower Dr

City

Golden

State

CO

Zip Code

80401-8033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667490

Amount of Each Receipt this Period

150.00

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

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

400.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrea L Green

Mailing Address 22428 Springflower Dr

City
Golden

State
CO

Zip Code
80401-8033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772007

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Jason Greenbaum

Mailing Address 27 Sussex Pl

City
Stamford

State
CT

Zip Code
06905-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

04 / 16 / 2012

Transaction ID : C1642593

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Robert D Greenberg

Mailing Address 2401 S. 31st

City
Tempe

State
TX

Zip Code
76508-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott & White

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642332

Amount of Each Receipt this Period

250.00

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

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

500.00

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

PAGE 69 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew L Griffin

Mailing Address 8763 Tondella Way

City

Fair Oaks

State

CA

Zip Code

95628-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy San Juan

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2012

Transaction ID : C1669357

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wesley S Grigsby

Mailing Address 601 N 30th St

Creighton Univ Med Ctr Emer Dept

City

Omaha

State

NE

Zip Code

68131-2137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Creighton Univ Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2012

Transaction ID : C1651333

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Michael Gary Guttenberg

Mailing Address 11 Glen Hill Ln

City

Tarrytown

State

NY

Zip Code

10591-5055

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2012

Transaction ID : C1642333

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 70 OF 228
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Gary Guttenberg

Mailing Address 11 Glen Hill Ln

City State Zip Code
Tarrytown NY 10591-5055

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : C1666269

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Alison Haddock

Mailing Address 5440 Leary Ave NW

City State Zip Code
Seattle WA 98107-4076

FEC ID number of contributing
federal political committee.

C

Name of Employer

TACOMA EMERGENCY CARE PHYSICIANS

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 Y
04 / 17 / 2012

Transaction ID : C1642291

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Alison Haddock

Mailing Address 5440 Leary Ave NW

City State Zip Code
Seattle WA 98107-4076

FEC ID number of contributing
federal political committee.

C

Name of Employer

TACOMA EMERGENCY CARE PHYSICIANS

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 Y
05 / 22 / 2012

Transaction ID : C1667491

Amount of Each Receipt this Period

83.33

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

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

266.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 228
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alison Haddock

Mailing Address 5440 Leary Ave NW

City
SeattleState
WAZip Code
98107-4076FEC ID number of contributing
federal political committee.

C

Name of Employer

TACOMA EMERGENCY CARE PHYSICIANS

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID : C1772047

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Kathryn Louise Hall-Boyer

Mailing Address 3537 E Orangeburg Ave

City

Modesto

State

CA

Zip Code

95355-3671

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.40

Date of Receipt

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

Transaction ID : C1774806

Amount of Each Receipt this Period

91.40

Full Name (Last, First, Middle Initial)

C. Paul K Hanashiro

Mailing Address 2760 San Pasqual St

City

Pasadena

State

CA

Zip Code

91107-5340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Paul K Hanashiro

Occupation

Emergency 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		3	0		2	0	1	2

Transaction ID : C1670256

Amount of Each Receipt this Period

1000.00

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

1174.73

TOTAL This Period (last page this line number 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 OF 228
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. William G Heegaard

Mailing Address 701 Park Ave

Hennepin County Med Ctr ED

City

Minneapolis

State

MN

Zip Code

55415-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCMC

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
05 / 01 / 2012

Transaction ID : C1649018

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Jonathan Heidt

Mailing Address One Hospital Dr

University Hospital - Dept of Emer

City

Columbia

State

MO

Zip Code

65203

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
04 / 17 / 2012

Transaction ID : C1642269

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Jonathan Heidt

Mailing Address One Hospital Dr

University Hospital - Dept of Emer

City

Columbia

State

MO

Zip Code

65203

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
05 / 22 / 2012

Transaction ID : C1667493

Amount of Each Receipt this Period

41.67

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

483.34

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan Heidt

Mailing Address One Hospital Dr

University Hospital - Dept of Emer

City

Columbia

State

MO

Zip Code

65203

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : C1772048

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Carlton E Heine

Mailing Address 2986 Foster Ave

City

Juneau

State

AK

Zip Code

99801-1956

FEC ID number of contributing
federal political committee.

C

Name of Employer

JEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667422

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Marilyn Joan Heine

Mailing Address 900 Twining Rd

City

Dresher

State

PA

Zip Code

19025-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Suburban Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667428

Amount of Each Receipt this Period

250.00

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

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

1291.67

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Josh Heller

Mailing Address 26 Cherry Lane Dr

City

Englewood

State

CO

Zip Code

80113

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarePoint

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2012

Transaction ID : C1768814

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Marcus A Hendry

Mailing Address 6827 Windemere Dr

City

Zionsville

State

IN

Zip Code

46077-8552

FEC ID number of contributing
federal political committee.

C

Name of Employer

SVEP Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2012

Transaction ID : C1651318

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Charles W Henrichs III

Mailing Address 800 N Justice St

Margaret R Pardee Meml Hosp

City

Hendersonville

State

NC

Zip Code

28791-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hendersonville Emer Consultant

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2012

Transaction ID : C1667441

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 PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 228

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dennis A Hernandez

Mailing Address 3278 Tala Loop

City

Longwood

State

FL

Zip Code

32779-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : C1668397

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Larry Allen Hobbs

Mailing Address 12717 Brewster Dr

Lee Memorial Gulf Coast Med Ctr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

Transaction ID : C1642268

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Larry Allen Hobbs

Mailing Address 12717 Brewster Dr

Lee Memorial Gulf Coast Med Ctr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

Transaction ID : C1667495

Amount of Each Receipt this Period

83.37

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larry Allen Hobbs

Mailing Address 12717 Brewster Dr

Lee Memorial Gulf Coast Med Ctr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : C1668417

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Larry Allen Hobbs

Mailing Address 12717 Brewster Dr

Lee Memorial Gulf Coast Med Ctr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2012

Transaction ID : C1772052

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Timothy Hodge

Mailing Address 3105 Dobie Rd

City

Mason

State

MI

Zip Code

48854-9422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc MI

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2012

Transaction ID : C1666765

Amount of Each Receipt this Period

200.00

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

366.66

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy Hodge

Mailing Address 3105 Dobie Rd

City

Mason

State

MI

Zip Code

48854-9422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc MI

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 24 / 2012

Transaction ID : C1669358

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Timothy Hodge

Mailing Address 3105 Dobie Rd

City

Mason

State

MI

Zip Code

48854-9422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc MI

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772055

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Kenneth L Holbert

Mailing Address 130 Laural Hill Dr

City

Smyrna

State

TN

Zip Code

37167-4907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harton Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 30 / 2012

Transaction ID : C1673228

Amount of Each Receipt this Period

200.00

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

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

450.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen G Holtzclaw

Mailing Address 10265 SW 23rd Ct

City

Davie

State

FL

Zip Code

33324-7619

FEC ID number of contributing
federal political committee.

C

Name of Employer

TeamHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : C1673209

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Stephen G Holtzclaw

Mailing Address 10265 SW 23rd Ct

City

Davie

State

FL

Zip Code

33324-7619

FEC ID number of contributing
federal political committee.

C

Name of Employer

TeamHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : C1765979

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Sandra W Horning

Mailing Address 2305 E Emily Ln

City

Spokane

State

WA

Zip Code

99208-8577

FEC ID number of contributing
federal political committee.

C

Name of Employer

SHMC ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : C1670257

Amount of Each Receipt this Period

250.00

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

550.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 79 OF 228

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hans Roberts House

Mailing Address 200 Hawkins Dr

Univ of IA Hosps & Clncs

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642334

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Hans Roberts House

Mailing Address 200 Hawkins Dr

Univ of IA Hosps & Clncs

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667442

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Hans Roberts House

Mailing Address 200 Hawkins Dr

Univ of IA Hosps & Clncs

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : C1772057

Amount of Each Receipt this Period

100.00

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

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

450.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marc P Hyde

Mailing Address 2637 E Spring Hollow Dr

City State Zip Code
 Salt Lake Cty UT 84109-4036

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 Y
 04 18 2012

Transaction ID : C1642731

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peter J Jacoby

Mailing Address 167 Sprain Brook Rd

City State Zip Code
 Woodbury CT 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 Y
 05 23 2012

Transaction ID : C1668415

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. William Paul Jaquis

Mailing Address 1216 S Bouldin St

City State Zip Code
 Baltimore MD 21224-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sinai Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 17 2012

Transaction ID : C1664363

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Paul Jaquis

Mailing Address 1216 S Bouldin St

City

Baltimore

State

MD

Zip Code

21224-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sinai Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2012

Transaction ID : C1757333

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. David Peter John

Mailing Address 20 Hartley St

City

North Haven

State

CT

Zip Code

06473-4409

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHEAST MEDICAL ASSOCIATES

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642335

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Melissa Divan Johnson

Mailing Address 4916 NE 26th Ave

City

Portland

State

OR

Zip Code

97211-6321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Hlth & Sci 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 Y
05 / 29 / 2012

Transaction ID : C1669750

Amount of Each Receipt this Period

250.00

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

525.00

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

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason Paul Jones

Mailing Address 2897 Carmelo Dr

City

Henderson

State

NV

Zip Code

89052-4072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of KY Chandler Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : C1669370

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642264

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667496

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**

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772050

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Neal A Kaforey

Mailing Address 3413 E Glencoe Rd

City

Richfield

State

OH

Zip Code

44286-9341

FEC ID number of contributing
federal political committee.

C

Name of Employer

OPMG

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 20 / 2012

Transaction ID : C1772424

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Costas Andreas Kaiafas

Mailing Address 910 Country Club Rd

City

Bridgewater

State

NJ

Zip Code

08807-1174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 22 / 2012

Transaction ID : C1647379

Amount of Each Receipt this Period

1000.00

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

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

1600.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven B Kailes

Mailing Address 3780 Waterside Dr

City

Orange Park

State

FL

Zip Code

32073-6982

FEC ID number of contributing
federal political committee.

C

Name of Employer

TITAN EMERGENCY GROUP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642322

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Steven B Kailes

Mailing Address 3780 Waterside Dr

City

Orange Park

State

FL

Zip Code

32073-6982

FEC ID number of contributing
federal political committee.

C

Name of Employer

TITAN EMERGENCY GROUP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667497

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Steven B Kailes

Mailing Address 3780 Waterside Dr

City

Orange Park

State

FL

Zip Code

32073-6982

FEC ID number of contributing
federal political committee.

C

Name of Employer

TITAN EMERGENCY GROUP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772037

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Neeraja Kairam

Mailing Address 20 Club Dr

City State Zip Code
Summit NJ 07901-3138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associates

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : C1649330

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Rodney C Kang

Mailing Address 2420 Sand Lake Rd

City State Zip Code
Longwood FL 32779-5811

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys Kang & Assoc

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1668382

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gary R Katz

Mailing Address 7918 Wisteria Ct

City State Zip Code
Dublin OH 43016-8531

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSU, ED

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2012

Transaction ID : C1774690

Amount of Each Receipt this Period

1000.00

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

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

2100.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven A Katz

Mailing Address 1002 Stratford Ave

City

Elkins Park

State

PA

Zip Code

19027-3025

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 ▼

250.00

Date of Receipt

06 / 26 / 2012

Transaction ID : C1774478

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. George E Kennedy

Mailing Address 1605 Lafayette Dr NE

City

Albuquerque

State

NM

Zip Code

87106-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New Mexico

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669635

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael J Keyes Jr

Mailing Address 216 Canterbury Rd

City

Rochester

State

NY

Zip Code

14607-3434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rochester General

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2012

Transaction ID : C1774481

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Derik K King

Mailing Address 6 Clermont Ln

City

Saint Louis

State

MO

Zip Code

63124-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emerg Consultants Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID : C1632783

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Derik K King

Mailing Address 6 Clermont Ln

City

Saint Louis

State

MO

Zip Code

63124-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emerg Consultants Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID : C1774693

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Paul Daniel Kivela

Mailing Address 1370 Trancas St

City

Napa

State

CA

Zip Code

94558-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN

Occupation

Emergency 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	4		2	0	1	2

Transaction ID : C1669361

Amount of Each Receipt this Period

250.00

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

760.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. David N Klein

Mailing Address 12410 Milestone Center Dr
Med Emer Prof Llc

City State Zip Code
Germantown MD 20876-7103

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : C1655018

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Keith E Kocher

Mailing Address 2918 Baylis Dr

City State Zip Code
Ann Arbor MI 48108-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foote 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 Y
04 / 17 / 2012

Transaction ID : C1642210

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Keith E Kocher

Mailing Address 2918 Baylis Dr

City State Zip Code
Ann Arbor MI 48108-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foote 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 Y
05 / 14 / 2012

Transaction ID : C1666294

Amount of Each Receipt this Period

100.00

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

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

2300.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mickey M Kolodny

Mailing Address 1601 N Sepulveda Blvd
 # 362

City State Zip Code
 Manhattan Bch CA 90266-5111

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Daniel Freeman Marina Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 04 17 2012

Transaction ID : C1642211

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Terry Kowalenko

Mailing Address 3601 W 13 Mile Rd

City State Zip Code
 Royal Oak MI 48073-6712

FEC ID number of contributing
 federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 04 17 2012

Transaction ID : C1642295

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Terry Kowalenko

Mailing Address 3601 W 13 Mile Rd

City State Zip Code
 Royal Oak MI 48073-6712

FEC ID number of contributing
 federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 22 2012

Transaction ID : C1667498

Amount of Each Receipt this Period

83.33

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

466.66

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terry Kowalenko

Mailing Address 3601 W 13 Mile Rd

City

Royal Oak

State

MI

Zip Code

48073-6712

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772019

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Paul Andrew Kozak

Mailing Address 21925 N Calle Royale

City

Scottsdale

State

AZ

Zip Code

85255-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 18 / 2012

Transaction ID : C1642715

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Christopher L Krieg

Mailing Address 5500 Rock Valley Way

City

Louisville

State

KY

Zip Code

40241-1466

FEC ID number of contributing
federal political committee.

C

Name of Employer

Norton Suburban Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642215

Amount of Each Receipt this Period

500.00

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

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

1583.33

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark S Kruger

Mailing Address PO Box 1209

City Sanford State FL Zip Code 32772-1209

FEC ID number of contributing federal political committee.

C

Name of Employer
FL Emer Phys Kang & Assoc

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668336

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Owen Lander

Mailing Address 131 Seneca Hills Ests

City Morgantown State WV Zip Code 26508-9490

FEC ID number of contributing federal political committee.

C

Name of Employer
WV Univ Hosps

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 20 / 2012

Transaction ID : C1644895

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Beth Ellen Lapka

Mailing Address 4600 S Deerfield Cir

City Sioux Falls State SD Zip Code 57105-7057

FEC ID number of contributing federal political committee.

C

Name of Employer
Sioux Valley Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 06 / 2012

Transaction ID : C1625988

Amount of Each Receipt this Period

400.00

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

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

1650.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Linda L Lawrence

Mailing Address PSC 103 Box 3521

City State Zip Code
 APO AE 09603-0036

FEC ID number of contributing
federal political committee.

C

Name of Employer

USAF

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 06 2012

Transaction ID : C1654575

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Guy David Leveaux

Mailing Address RR 2 Box 297

City State Zip Code
 Shinnston WV 26431-9613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Braxton Cty Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 01 2012

Transaction ID : C1666299

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Guy David Leveaux

Mailing Address RR 2 Box 297

City State Zip Code
 Shinnston WV 26431-9613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Braxton Cty Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 11 2012

Transaction ID : C1765970

Amount of Each Receipt this Period

250.00

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

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

1350.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan J Lewis

Mailing Address 22943 Ostronic Dr

City

Woodland Hls

State

CA

Zip Code

91367-6141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Beach Mem Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 06 / 2012

Transaction ID : C1625985

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher C Ligan

Mailing Address 1716 Acacia Bud Dr

City

Austin

State

TX

Zip Code

78733-5737

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668389

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jorge Lopez-Ferrer

Mailing Address 322 E Central Blvd

City

Orlando

State

FL

Zip Code

32801-4355

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668392

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ralph K Losey

Mailing Address 207 S Prospect St

City State Zip Code
 Galena IL 61036-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of IL at Chicago ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : C1773500

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Seth A Lotterman

Mailing Address 7 Willow Ln

City State Zip Code
 West Hartford CT 06107-1149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hartford Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : C1772810

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Donald L Lum

Mailing Address 2000 North Ave
 Northfield Hosp

City State Zip Code
 Northfield MN 55057-1498

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northfield Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 26 / 2012

Transaction ID : C1646062

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas J Lydon

Mailing Address 8 Oceanview Ave

City

State

Zip Code

Rye

NH

03870-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Wentworth Douglass Hosp

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

04 / 18 / 2012

Transaction ID : C1787862

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. John L Lyman

Mailing Address 332 Congress Park Dr
Premier Hlth Care

City

State

Zip Code

Dayton

OH

45459-4133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Premier Physician Services

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2012

Transaction ID : C1772001

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Catherine Anna Marco

Mailing Address 7129 Jamesford Dr

City

State

Zip Code

Toledo

OH

43617-1370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of Toledo Med Ctr

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 10 / 2012

Transaction ID : C1632786

Amount of Each Receipt this Period

1000.00

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

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

1600.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Abigail M Martinez

Mailing Address 1478 S Prairie Ave

City State Zip Code
Chicago IL 60605-3345

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : C1773874

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code
Mableton GA 30126-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642316

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code
Mableton GA 30126-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667499

Amount of Each Receipt this Period

100.00

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

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

1200.00

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City

Mableton

State

GA

Zip Code

30126-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID : C1772036

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Eric E Maur

Mailing Address 6209 Dwayne Starnes Dr

City

Hickory

State

NC

Zip Code

28602-8959

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNTAIN EMERGENCY PHYSICIANS

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID : C1642300

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Eric E Maur

Mailing Address 6209 Dwayne Starnes Dr

City

Hickory

State

NC

Zip Code

28602-8959

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNTAIN EMERGENCY PHYSICIANS

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID : C1667500

Amount of Each Receipt this Period

83.33

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

266.66

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric E Maur

Mailing Address 6209 Dwayne Starnes Dr

City State Zip Code
Hickory NC 28602-8959

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOUNTAIN EMERGENCY PHYSICIANS

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 Y
06 / 15 / 2012

Transaction ID : C1772044

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Thom A Mayer

Mailing Address 10306 Eaton Pl
BestPractices Inc

City State Zip Code
Fairfax VA 22030-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
BestPractices Inc

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C1655031

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Oliver Mayorga

Mailing Address 32 Church St

City State Zip Code
Mystic CT 06355-2739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medicine Physicians

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2012

Transaction ID : C1772212

Amount of Each Receipt this Period

1000.00

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

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

2083.33

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. C L McArthur

Mailing Address 11 Cardiff

City

Laguna Niguel

State

CA

Zip Code

92677-2936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2012

Transaction ID : C1642336

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. C L McArthur

Mailing Address 11 Cardiff

City

Laguna Niguel

State

CA

Zip Code

92677-2936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2012

Transaction ID : C1774513

Amount of Each Receipt this Period

91.40

Full Name (Last, First, Middle Initial)

C. Edward McCutcheon MHA

Mailing Address 4112 Bannockburn Pl

City

Charlotte

State

NC

Zip Code

28211-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	24	/	2012

Transaction ID : C1669383

Amount of Each Receipt this Period

1000.00

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

1341.40

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew 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 ▼

300.00

Date of Receipt

04 / 27 / 2012

Transaction ID : C1649213

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jonathon McGarry

Mailing Address 102 E Lake Mead Pkwy
 St Rose Dominican Hosp

City

Henderson

State

NV

Zip Code

89015-5575

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Rose Dominican Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669749

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dennis Lucas McGill

Mailing Address 19 Camden Rd

City

Hillsborough

State

NJ

Zip Code

08844-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642302

Amount of Each Receipt this Period

83.33

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

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

433.33

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dennis Lucas McGill

Mailing Address 19 Camden Rd

City

Hillsborough

State

NJ

Zip Code

08844-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667501

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Dennis Lucas McGill

Mailing Address 19 Camden Rd

City

Hillsborough

State

NJ

Zip Code

08844-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772023

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Randi James McLeod

Mailing Address 1 Hospital Dr

Evangelical Cmnty Hosp

City

Lewisburg

State

PA

Zip Code

17837-9350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Evangelical Cmnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1655032

Amount of Each Receipt this Period

250.00

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

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

416.66

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard S McMonigal

Mailing Address 3610 45th St NE

City

Tacoma

State

WA

Zip Code

98422-2293

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auburn General Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 19 / 2012

Transaction ID : C1772145

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven D Mehaffey

Mailing Address 23749 Fletcher Isle

City

Ponchatoula

State

LA

Zip Code

70454-6833

FEC ID number of contributing
federal political committee.

C

Name of Employer

Total Wound Treatment Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 14 / 2012

Transaction ID : C1666133

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Steven D Mehaffey

Mailing Address 23749 Fletcher Isle

City

Ponchatoula

State

LA

Zip Code

70454-6833

FEC ID number of contributing
federal political committee.

C

Name of Employer

Total Wound Treatment Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663765

Amount of Each Receipt this Period

300.00

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence A Melniker

Mailing Address 506 6th St

New York Meth Hosp

City

Brooklyn

State

NY

Zip Code

11215-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY Methodist Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : C1625982

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David James Mendelson

Mailing Address 4549 Oak Shores Dr

City

Plano

State

TX

Zip Code

75024-7352

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642337

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jacob Mark Meredith III

Mailing Address 1231A Route 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jersey Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642304

Amount of Each Receipt this Period

83.33

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

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

583.33

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jacob Mark Meredith III

Mailing Address 1231A Route 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jersey Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : C1669751

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Jacob Mark Meredith III

Mailing Address 1231A Route 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jersey Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : C1772009

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Anthony Joseph Midkiff

Mailing Address 1773 Hidden Oak Trl

City

Mansfield

State

OH

Zip Code

44906-3560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mansfield Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1651309

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erik Charles Miller

Mailing Address 1744 Leisure Ln

City State Zip Code
 Yakima WA 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 Y Y
 05 / 22 / 2012

Transaction ID : C1667503

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Stephan Miller

Mailing Address 3809 Ponderosa Ct

City State Zip Code
 Rapid City SD 57702

FEC ID number of contributing federal political committee.

C

Name of Employer

Rapid City Emergency Services

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 Y
 06 / 26 / 2012

Transaction ID : C1774111

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David Scott Miner

Mailing Address 2398 S Garfield St

City State Zip Code
 Denver CO 80210-5615

FEC ID number of contributing federal political committee.

C

Name of Employer

Dr. D Scott Miner

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2012

Transaction ID : C1649263

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**

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel C Minior

Mailing Address 3406 Belle Meade Dr NW

City State Zip Code
 Wilson NC 27896-8676

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nash Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C1655029

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas R Mitchell

Mailing Address 3370 Sweeney Hollow Rd

City State Zip Code
 Franklin TN 37064-9575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Thomas R Mitchell

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 19 / 2012

Transaction ID : C1644891

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Thomas R Mitchell

Mailing Address 3370 Sweeney Hollow Rd

City State Zip Code
 Franklin TN 37064-9575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Thomas R Mitchell

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : C1668414

Amount of Each Receipt this Period

200.00

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

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

650.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. James C Mitchiner

Mailing Address 1265 Barrister Rd

City

Ann Arbor

State

MI

Zip Code

48105-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer

EPMG, PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 19 / 2012

Transaction ID : C1644886

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 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

INDEPENDENT EMERGENCY PHYSICIANS

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667439

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joshua B Moskovitz

Mailing Address 435 E 79th St

City

New York

State

NY

Zip Code

10075-1076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Joshua Moskovitz

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
04 / 17 / 2012

Transaction ID : C1642306

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
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joshua B Moskowitz

Mailing Address 435 E 79th St

City
New York

State Zip Code
NY 10075-1076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Joshua Moskowitz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667502

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Joshua B Moskowitz

Mailing Address 435 E 79th St

City
New York

State Zip Code
NY 10075-1076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Joshua Moskowitz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772043

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. John Bruce Moskow

Mailing Address 2201 Plumbrook Dr

City
Austin

State Zip Code
TX 78746-6233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Svc Prtnrs La Costa Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 19 / 2012

Transaction ID : C1772134

Amount of Each Receipt this Period

1000.00

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

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

1166.66

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carla Elizabeth Murphy

Mailing Address 1196 Preserve Cir

City State Zip Code
 Golden CO 80401-7045

FEC ID number of contributing federal political committee.

C

Name of Employer

physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2012

Transaction ID : C1642718

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Scott B Murray

Mailing Address 1 Sandy Way

City State Zip Code
 Ayer MA 01432-1590

FEC ID number of contributing federal political committee.

C

Name of Employer

Dr. Scott B Murray

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2012

Transaction ID : C1651330

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Scott B Murray

Mailing Address 1 Sandy Way

City State Zip Code
 Ayer MA 01432-1590

FEC ID number of contributing federal political committee.

C

Name of Employer

Dr. Scott B Murray

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : C1776210

Amount of Each Receipt this Period

100.00

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

1300.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. J Brent Myers

Mailing Address 2105 Glenwood Ave

City

Raleigh

State

NC

Zip Code

27608-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 11 / 2012

Transaction ID : C1642258

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. J Brent Myers

Mailing Address 2105 Glenwood Ave

City

Raleigh

State

NC

Zip Code

27608-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663828

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. J Brent Myers

Mailing Address 2105 Glenwood Ave

City

Raleigh

State

NC

Zip Code

27608-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2012

Transaction ID : C1768680

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. John H Myers

Mailing Address 7505 Primrose Dr

City
Irving

State
TX

Zip Code
75063-8435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Questcare Med Svcs

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2012

Transaction ID : C1656786

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael D Nauss

Mailing Address 21256 Bridle Run

City
Northville

State
MI

Zip Code
48167-9608

FEC ID number of contributing
federal political committee.

C

Name of Employer
HENRY FORD MEDICAL

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
04 / 17 / 2012

Transaction ID : C1642343

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Steven Nazario

Mailing Address 7597 Saint Stephens Ct

City
Orlando

State
FL

Zip Code
32835-6526

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys Kang & Assoc

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1668400

Amount of Each Receipt this Period

1000.00

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

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

2300.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ira R Nemeth

Mailing Address 1408 Vermont St

City

Houston

State

TX

Zip Code

77006-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAYLOR COLLEGE OF MEDICINE

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

Transaction ID : C1642325

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ira R Nemeth

Mailing Address 1408 Vermont St

City

Houston

State

TX

Zip Code

77006-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAYLOR COLLEGE OF MEDICINE

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

Transaction ID : C1667504

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Ira R Nemeth

Mailing Address 1408 Vermont St

City

Houston

State

TX

Zip Code

77006-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAYLOR COLLEGE OF MEDICINE

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2012

Transaction ID : C1772039

Amount of Each Receipt this Period

125.00

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

375.00

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

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668283

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeffrey 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

Professional Emergency Physicians, Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642286

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Jeffrey R Nickel

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Professional Emergency Physicians, Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667505

Amount of Each Receipt this Period

83.33

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

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

1166.66

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

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey R Nickel

Mailing Address 2300 N Black Oak Dr

City
AngolaState
INZip Code
46703-8195FEC ID number of contributing
federal political committee.

C

Name of Employer

Professional Emergency Physicians, Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : C1772030

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Brian Nobie

Mailing Address 9712 Lake Hugh Dr

City
GothaState
FLZip Code
34734-4629FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

Transaction ID : C1668284

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ashley Booth Norse

Mailing Address 655 W 8th St
Shands Jacksonville EducCity
JacksonvilleState
FLZip Code
32209-6511FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF FLORIDA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2012

Transaction ID : C1669356

Amount of Each Receipt this Period

250.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ashley Booth Norse

Mailing Address 655 W 8th St

Shands Jacksonville Educ

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF FLORIDA

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	1	2

Transaction ID : C1772040

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey G Norvell

Mailing Address 5345 Norwood St

City

Fairway

State

KS

Zip Code

66205-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas 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	5		0	4		2	0	1	2

Transaction ID : C1654187

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ramon Nunez

Mailing Address 7926 Saint Giles Pl

City

Orlando

State

FL

Zip Code

32835-7909

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C1668402

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Blake O'Brien

Mailing Address 500 Winderley Pl

FL Emer Phys

City

State

Zip Code

Maitland

FL

32751-7406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

FL Emer Phys Kang & Assoc

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

Transaction ID : C1668393

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert E O'Connor

Mailing Address 515 Foxdale Ln

City

State

Zip Code

Charlottesville

VA

22903-9201

FEC ID number of contributing
federal political committee.

C

Name of Employer
physician

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2012

Transaction ID : C1642338

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lisa Marie O'Grady

Mailing Address 1320 Webster St

City

State

Zip Code

Orlando

FL

32804-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

FL Emer Phys Kang & Assoc

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

Transaction ID : C1668286

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)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian S Oliver

Mailing Address 4165 S Bevwood Cir

City

Salt Lake Cty

State

UT

Zip Code

84124-3080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Brian S Oliver

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 14 / 2012

Transaction ID : C1772370

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Brian S Oliver

Mailing Address 4165 S Bevwood Cir

City

Salt Lake Cty

State

UT

Zip Code

84124-3080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Brian S Oliver

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 29 / 2012

Transaction ID : C1775413

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Chris Ott

Mailing Address 1001 Ogden St

City

Denver

State

CO

Zip Code

80218-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apex Emerg Group

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2012

Transaction ID : C1632776

Amount of Each Receipt this Period

250.00

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

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

650.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sam L Paczkowski

Mailing Address 5832 Canyonwoods Dr

City

Billings

State

MT

Zip Code

59106-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Vincent Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 22 / 2012

Transaction ID : C1647428

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ernest Page II

Mailing Address 11030 Ullswater Ln

City

Windermere

State

FL

Zip Code

34786-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668404

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ketan Pandya

Mailing Address 13049 Water Point Blvd
Florida Hospital Kissimmee

City

Windermere

State

FL

Zip Code

34786-5818

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668387

Amount of Each Receipt this Period

1000.00

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

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

2100.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Orlee Israeli Panitch

Mailing Address 11753 Gainsborough Rd

City

Potomac

State

MD

Zip Code

20854-3247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shady Grove Adventist Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : C1655012

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. James Phillip Parker

Mailing Address 555 W Webb Rd

City

Eagleville

State

TN

Zip Code

37060-4028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeastern Emerg Care 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 Y
06 / 11 / 2012

Transaction ID : C1765969

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joshua R Parker

Mailing Address 11412 Rancho Villa Verde Pl

City

Las Vegas

State

NV

Zip Code

89138-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : C1669371

Amount of Each Receipt this Period

250.00

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

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

2750.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rebecca B Parker

Mailing Address 423 Engel Blvd

City

Park Ridge

State

IL

Zip Code

60068-4456

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 Y
04 / 17 / 2012

Transaction ID : C1642339

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles F Pattavina

Mailing Address 360 Broadway
St Joseph Hosp

City

Bangor

State

ME

Zip Code

04401-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST JOSEPH HEALTHCARE

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642315

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Charles F Pattavina

Mailing Address 360 Broadway
St Joseph Hosp

City

Bangor

State

ME

Zip Code

04401-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST JOSEPH HEALTHCARE

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667506

Amount of Each Receipt this Period

100.00

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles F Pattavina

Mailing Address 360 Broadway
 St Joseph Hosp

City Bangor State ME Zip Code 04401-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST JOSEPH HEALTHCARE

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772006

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Christine Mae Patton

Mailing Address 111 Hibernia Dr

City Harmony State PA Zip Code 16037-8519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Weirton Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 19 / 2012

Transaction ID : C1772139

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lee E Payne

Mailing Address 6323 Wilmington Dr

City Burke State VA Zip Code 22015-4070

FEC ID number of contributing
federal political committee.

C

Name of Employer

USAF

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642275

Amount of Each Receipt this Period

83.33

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

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

683.33

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lee E Payne

Mailing Address 6323 Wilmington Dr

City State Zip Code
Burke VA 22015-4070

FEC ID number of contributing
federal political committee.

C

Name of Employer

USAF

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 Y
05 / 22 / 2012

Transaction ID : C1667507

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Lee E Payne

Mailing Address 6323 Wilmington Dr

City State Zip Code
Burke VA 22015-4070

FEC ID number of contributing
federal political committee.

C

Name of Employer

USAF

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 Y
06 / 15 / 2012

Transaction ID : C1772022

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Bradley V Pearson

Mailing Address 757 N Kalaheo Ave

City State Zip Code
Kailua HI 96734-1970

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.S Army

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : C1642717

Amount of Each Receipt this Period

200.00

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

366.66

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bradley V Pearson

Mailing Address 757 N Kalaheo Ave

City
Kailua

State
HI

Zip Code
96734-1970

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.S Army

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 02 / 2012

Transaction ID : C1666329

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Vanessa C Peluso

Mailing Address 1768 Elizabeths Walk

City

Winter Park

State

FL

Zip Code

32789-5948

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668410

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. David J Pillow Jr

Mailing Address 5332 Wateka Dr

City

Dallas

State

TX

Zip Code

75209-5512

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2012

Transaction ID : C1658280

Amount of Each Receipt this Period

1000.00

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

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

2100.00

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

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Detailed Summary Page

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Podgorny

Mailing Address 2115 Georgia Ave

City

Winston Salem

State

NC

Zip Code

27104-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moses H Cone Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : C1625951

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. W Randall Poole

Mailing Address 1110 SW Ivanhoe Blvd

City

Orlando

State

FL

Zip Code

32804-6370

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1668391

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ericka Powell

Mailing Address 384 Spring Haven Dr

City

Lancaster

State

PA

Zip Code

17601-5193

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN

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 Y
04 / 17 / 2012

Transaction ID : C1642274

Amount of Each Receipt this Period

83.33

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

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

1583.33

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

Use separate schedule(s)
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Detailed Summary Page

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ericka Powell

Mailing Address 384 Spring Haven Dr

City

Lancaster

State

PA

Zip Code

17601-5193

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667508

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Ericka Powell

Mailing Address 384 Spring Haven Dr

City

Lancaster

State

PA

Zip Code

17601-5193

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772041

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Sanjay K Premakumar

Mailing Address 1406 Shepherd St

City

Durham

State

NC

Zip Code

27707-1649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2012

Transaction ID : C1642238

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**

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(check only one)

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sanjay K Premakumar

Mailing Address 1406 Shepherd St

City

Durham

State

NC

Zip Code

27707-1649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663811

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Sanjay K Premakumar

Mailing Address 1406 Shepherd St

City

Durham

State

NC

Zip Code

27707-1649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 12 / 2012

Transaction ID : C1768669

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. John Hannon Proctor

Mailing Address 5004 Bentgrass Ct

City

Franklin

State

TN

Zip Code

37069-7254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Team Health

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 11 / 2012

Transaction ID : C1634258

Amount of Each Receipt this Period

1000.00

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

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

1200.00

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

Use separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen Agape Quaday

Mailing Address 640 Jackson St

Regions Hosp ED

City

Saint Paul

State

MN

Zip Code

55101-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regions Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C1651320

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John M Quinn

Mailing Address 13702 Keneva Dr

City

Cypress

State

TX

Zip Code

77429-4870

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kingwood Med Ctr

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	5		0	7		2	0	1	2

Transaction ID : C1655007

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alexandr Rafailov

Mailing Address 9 Fieldstone Rd

City

Stamford

State

CT

Zip Code

06902-2575

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Stamford Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C1669380

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mohan Rajaratnam

Mailing Address 4703 Shady Knoll Ave NW

City

Massillon

State

OH

Zip Code

44646-9516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stark County Emergency Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2012

Transaction ID : C1774732

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Laura D Rau

Mailing Address 41 N Anguilla Rd

City

N Stonington

State

CT

Zip Code

06359-1755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown Med Schl

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 24 / 2012

Transaction ID : C1669365

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gordon Dean Reed

Mailing Address 10 Oakknoll Cir

City

Newark

State

DE

Zip Code

19711-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer

DFES

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 25 / 2012

Transaction ID : C1644925

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Joseph Reed

Mailing Address 2917 Hybart St

City State Zip Code
 Fayetteville NC 28303-5916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cape Fear Valley 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 Y
 06 / 17 / 2012

Transaction ID : C1772279

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Lars Hans Reinhart

Mailing Address 2610 Rogers Frk

City State Zip Code
 San Antonio TX 78258-4607

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : C1668275

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gonzalo Reyes

Mailing Address 202 Laramie Dr

City State Zip Code
 San Antonio TX 78209-2346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : C1642205

Amount of Each Receipt this Period

500.00

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cheryl S Reynolds

Mailing Address 996 Oakpoint Cir

City

Apopka

State

FL

Zip Code

32712-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668287

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Matthew M Rice

Mailing Address 8320 Goodman Dr NW

City

Gig Harbor

State

WA

Zip Code

98332-9564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Team Health

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2012

Transaction ID : C1644909

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Allen L Roberts

Mailing Address 9125 Benview Ct

City

Fort Worth

State

TX

Zip Code

76126-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMC Ltd

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1669807

Amount of Each Receipt this Period

1500.00

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

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

3000.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sam S Roberts III

Mailing Address 6300 La Calma Dr

Emer Svc Partners LP

City

Austin

State

TX

Zip Code

78752-3825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Svc Partners LP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1651315

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Laura M Robinson

Mailing Address 67 Cache River Cir

City

Sacramento

State

CA

Zip Code

95831-3758

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Laura M Robinson

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : C1625995

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Laura M Robinson

Mailing Address 67 Cache River Cir

City

Sacramento

State

CA

Zip Code

95831-3758

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Laura M Robinson

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : C1649271

Amount of Each Receipt this Period

100.00

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

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

1300.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Dean Robinson

Mailing Address 3913 Regency Dr

City

Deer Park

State

TX

Zip Code

77536-6190

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of TX at Houston

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 30 / 2012

Transaction ID : C1673290

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Maritza Rodriguez

Mailing Address 2336 Kettle Dr

City

Orlando

State

FL

Zip Code

32835-8129

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668285

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Monica Rodriguez-De Jesus

Mailing Address 420 Celestial Way

City

Juno Beach

State

FL

Zip Code

33408-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Puerto Rico

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 26 / 2012

Transaction ID : C1774467

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fred P Romano

Mailing Address 4516 Tuscana Dr

City

Sarasota

State

FL

Zip Code

34241-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2012

Transaction ID : C1656814

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David William Ross

Mailing Address 15340 Raton Rd

City

Colorado Spgs

State

CO

Zip Code

80921-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard Scott Ross

Mailing Address 8242 Summerfeldt Rd

City

Saginaw

State

MI

Zip Code

48609-9647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Covenant HlthCare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C1655030

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patricia A Ryan

Mailing Address 7040 E Soyuluna Pl

City State Zip Code
Tucson AZ 85715-3342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Tucson Emerg Phy

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642212

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Ian Sack

Mailing Address 3777 Royal Palm Ave

City State Zip Code
Miami Beach FL 33140-3941

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest 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 Y
04 / 18 / 2012

Transaction ID : C1642720

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. David Ian Sack

Mailing Address 3777 Royal Palm Ave

City State Zip Code
Miami Beach FL 33140-3941

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest 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 Y
04 / 23 / 2012

Transaction ID : C1647392

Amount of Each Receipt this Period

100.00

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

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

900.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Morton Elliot Salomon

Mailing Address 125 Haviland Rd

City

Stamford

State

CT

Zip Code

06903-3327

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Vincents 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 Y
06 / 05 / 2012

Transaction ID : C1757423

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tracy G Sanson

Mailing Address 812 Lorena Rd

City

Lutz

State

FL

Zip Code

33548-4589

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642342

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marc Santambrosio

Mailing Address 7965 S Park Pl

City

Orlando

State

FL

Zip Code

32819-4885

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1668288

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. David D Sarkarati

Mailing Address 1048 Howell Branch Rd

City

Winter Park

State

FL

Zip Code

32789-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C1668407

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Regis J Schladenhaufen

Mailing Address 1394 Gabriel Ln

City

Warwick

State

PA

Zip Code

18974-6179

FEC ID number of contributing
federal political committee.

C

Name of Employer

TeamHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : C1625992

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Regis J Schladenhaufen

Mailing Address 1394 Gabriel Ln

City

Warwick

State

PA

Zip Code

18974-6179

FEC ID number of contributing
federal political committee.

C

Name of Employer

TeamHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : C1649321

Amount of Each Receipt this Period

100.00

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

1225.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nathaniel R Schlicher

Mailing Address 4615 77th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer

TEAM HEALTH

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 Y
04 / 17 / 2012

Transaction ID : C1642328

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Chet D Schrader

Mailing Address 944 Gibbs Xing

City

Coppell

State

TX

Zip Code

75019-7379

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Southwestern Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2012

Transaction ID : C1625998

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Chet D Schrader

Mailing Address 944 Gibbs Xing

City

Coppell

State

TX

Zip Code

75019-7379

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Southwestern Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : C1654638

Amount of Each Receipt this Period

50.00

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

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

350.00

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chet D Schrader

Mailing Address 944 Gibbs Xing

City

Coppell

State

TX

Zip Code

75019-7379

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Southwestern Med Ctr

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
06	/	07	/	2012

Transaction ID : C1757459

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Regan Andre Schwartz

Mailing Address 2446 Westminster Ter

City

Oviedo

State

FL

Zip Code

32765-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2012

Transaction ID : C1668399

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John D Seidner

Mailing Address 15 Langford Rd

City

Candia

State

NH

Zip Code

03034-2519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elliot Health System

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

608.33

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	19	/	2012

Transaction ID : C1647382

Amount of Each Receipt this Period

608.33

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

1658.33

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory L Shangold

Mailing Address 66 Beacon Hill Dr

City

Storrs Manfld

State

CT

Zip Code

06268-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642366

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Gregory L Shangold

Mailing Address 66 Beacon Hill Dr

City

Storrs Manfld

State

CT

Zip Code

06268-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667509

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Gregory L Shangold

Mailing Address 66 Beacon Hill Dr

City

Storrs Manfld

State

CT

Zip Code

06268-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : C1772034

Amount of Each Receipt this Period

100.00

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

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

600.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul M Sheehan

Mailing Address 4923 Elm St

City State Zip Code
 Bellaire TX 77401-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer

TeamHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 11 / 2012

Transaction ID : C167893

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Jordan Robert Ship

Mailing Address PO Box 529

City State Zip Code
 Walpole MA 02081-0529

FEC ID number of contributing
federal political committee.

C

Name of Employer

S Shore 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
 05 / 29 / 2012

Transaction ID : C1673243

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Joshua H Short

Mailing Address 36 Auburndale Dr

City State Zip Code
 Asheville NC 28806-9519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of KY - Lexington

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
 05 / 01 / 2012

Transaction ID : C1651312

Amount of Each Receipt this Period

500.00

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

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

900.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 228

(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul R Sierzenski

Mailing Address 104 Ascot Ct

Clairborne Estates

City

State

Zip Code

Bear

DE

19701-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Doctors Emer Svcs PA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : C1625978

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Rhett Silver

Mailing Address PMB 163

City

State

Zip Code

Chicago

IL

60611-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : C1669384

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Weylin Sing

Mailing Address 11347 Ledgerline Ln

City

State

Zip Code

Windermere

FL

34786-6413

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1668289

Amount of Each Receipt this Period

1000.00

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

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

2750.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Deepika Singh

Mailing Address 15 Smethwick Ct

City

Pittsford

State

NY

Zip Code

14534-9789

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown Medical Sch

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 24 / 2012

Transaction ID : C1669372

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Siva Sivanesan

Mailing Address 765 Bear Creek Cir

City

Winter Spgs

State

FL

Zip Code

32708-3892

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668406

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Todd Slesinger

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642314

Amount of Each Receipt this Period

100.00

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

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

1350.00

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

Use separate schedule(s)
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Detailed Summary Page

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Todd Slesinger

Mailing Address 427 Daub Ave

City State Zip Code
Hewlett NY 11557-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667510

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Todd Slesinger

Mailing Address 427 Daub Ave

City State Zip Code
Hewlett NY 11557-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : C1772035

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City State Zip Code
Geneva NY 14456-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer

VIRGIL SMALTZ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667446

Amount of Each Receipt this Period

83.33

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

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

283.33

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City

Geneva

State

NY

Zip Code

14456-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer

VIRGIL SMALTZ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.66

Date of Receipt

06 / 08 / 2012

Transaction ID : C1767802

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

B. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City

Geneva

State

NY

Zip Code

14456-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer

VIRGIL SMALTZ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.66

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772056

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City

Geneva

State

NY

Zip Code

14456-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer

VIRGIL SMALTZ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.66

Date of Receipt

06 / 29 / 2012

Transaction ID : C1776096

Amount of Each Receipt this Period

8.00

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

99.33

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

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

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sullivan K Smith

Mailing Address 1 Medical Center Blvd

City

Cookeville

State

TN

Zip Code

38501-4294

FEC ID number of contributing
federal political committee.

C

Name of Employer

VMG

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1666197

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Sullivan K Smith

Mailing Address 1 Medical Center Blvd

City

Cookeville

State

TN

Zip Code

38501-4294

FEC ID number of contributing
federal political committee.

C

Name of Employer

VMG

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667424

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Roger L Smoke

Mailing Address PO Box 584

City

New York

State

NY

Zip Code

10025-0010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Renaissance Healthcare Network

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2012

Transaction ID : C1633290

Amount of Each Receipt this Period

500.00

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

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

1600.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aaron M Snyder

Mailing Address 9925 Silver Brook Dr

City

Rockville

State

MD

Zip Code

20850-3653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery Emerg Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : C1655017

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Peter Erik Sokolove

Mailing Address 336 Laurel Way

City

Mill Valley

State

CA

Zip Code

94941-4046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of CA - Davis

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C1772005

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert C Solomon

Mailing Address 108 Saddle Ridge Dr

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLEGHENY GENERAL HOSPITAL

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID : C1642281

Amount of Each Receipt this Period

83.33

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

2333.33

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

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert C Solomon

Mailing Address 108 Saddle Ridge Dr

City State Zip Code
Oakdale PA 15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLEGHENY GENERAL HOSPITAL

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 Y
05 / 22 / 2012

Transaction ID : C1667511

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Robert C Solomon

Mailing Address 108 Saddle Ridge Dr

City State Zip Code
Oakdale PA 15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLEGHENY GENERAL HOSPITAL

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 Y
06 / 15 / 2012

Transaction ID : C1772017

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. David G Srou

Mailing Address 10303 Coniston Ct

City State Zip Code
Potomac MD 20854-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Edge PSR

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : C1655019

Amount of Each Receipt this Period

2000.00

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

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

2166.66

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan Stanton

Mailing Address 1229 Birmingham Ln

City Lexington State KY Zip Code 40513-1736

FEC ID number of contributing federal political committee.

C

Name of Employer
Mesa Medical Group

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642313

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ryan Stanton

Mailing Address 1229 Birmingham Ln

City Lexington State KY Zip Code 40513-1736

FEC ID number of contributing federal political committee.

C

Name of Employer
Mesa Medical Group

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667513

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ryan Stanton

Mailing Address 1229 Birmingham Ln

City Lexington State KY Zip Code 40513-1736

FEC ID number of contributing federal political committee.

C

Name of Employer
Mesa Medical Group

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772046

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary C Starr

Mailing Address 5012 Russell Ave S

City

Minneapolis

State

MN

Zip Code

55410-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMERGENCY PHYSICIANS P.A.

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : C1664389

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Eric William Stern

Mailing Address 2401 S 31st St

TX A&M Scott & White Meml Hosp Eme

City

Temple

State

TX

Zip Code

76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : C1787816

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Eric William Stern

Mailing Address 2401 S 31st St

TX A&M Scott & White Meml Hosp Eme

City

Temple

State

TX

Zip Code

76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1787815

Amount of Each Receipt this Period

100.00

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

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

1200.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric William Stern

Mailing Address 2401 S 31st St

TX A&M Scott & White Meml Hosp Eme

City State Zip Code
Temple TX 76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : C1776381

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Lawrence M Stock

Mailing Address 20540 Pacific Coast Hwy

City State Zip Code
Malibu CA 90265-5402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Antelope Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : C1670242

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael Stratemeier

Mailing Address 7 Mulberry Ct

City State Zip Code
Holtsville NY 11742-2526

FEC ID number of contributing
federal political committee.

C

Name of Employer

NSLIJ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : C1765974

Amount of Each Receipt this Period

500.00

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

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

1600.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Jerome Sugarman

Mailing Address 1563 Solano Ave

City

Berkeley

State

CA

Zip Code

94707-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sutter Delta Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1091.40

Date of Receipt

06 / 27 / 2012

Transaction ID : C1774852

Amount of Each Receipt this Period

91.40

Full Name (Last, First, Middle Initial)

B. Thomas Jerome Sugarman

Mailing Address 1563 Solano Ave

City

Berkeley

State

CA

Zip Code

94707-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sutter Delta Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1091.40

Date of Receipt

06 / 27 / 2012

Transaction ID : C1776095

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert Louis Sweeney

Mailing Address 1945 State Route 33
Jersey Shore Med Ctr

City

Neptune

State

NJ

Zip Code

07753-4859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jersey Shore Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1669777

Amount of Each Receipt this Period

500.00

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

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

1591.40

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terence J Sweeney

Mailing Address 925 Carolyn Ave

City State Zip Code
 Modesto CA 95350-5209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Medical Center ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 08 / 2012

Transaction ID : C1767787

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Terence J Sweeney

Mailing Address 925 Carolyn Ave

City State Zip Code
 Modesto CA 95350-5209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Medical Center ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 18 / 2012

Transaction ID : C1771994

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Terence J Sweeney

Mailing Address 925 Carolyn Ave

City State Zip Code
 Modesto CA 95350-5209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Medical Center ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012

Transaction ID : C1774530

Amount of Each Receipt this Period

91.40

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

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

316.40

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary William Tamkin

Mailing Address 4 Valley High

City

Lafayette

State

CA

Zip Code

94549-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Med Ctr Merced, ED Dir

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : C1776110

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Douglas N Tannas

Mailing Address 6339 Red Fox Rd

City

Pendleton

State

IN

Zip Code

46064-8732

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMGI

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2012

Transaction ID : C1632779

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scott A Thomas

Mailing Address 80 Meadow Rd

City

Winterport

State

ME

Zip Code

04496-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Maine Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : C1775264

Amount of Each Receipt this Period

500.00

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

2250.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey B Thompson

Mailing Address PO Box 12779

City

Beaumont

State

TX

Zip Code

77726-2779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meml Herman Baptist Beaumont

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2012

Transaction ID : C1666376

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Bryce Tiller

Mailing Address 917 1st St N

City

Jax Bch

State

FL

Zip Code

32250-9106

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : C1775411

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mario Elizabeth Trabulsy

Mailing Address 1086 Braeloch Rd

City

Colchester

State

VT

Zip Code

05446-7478

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Mario Elizabeth Trabulsy

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : C1672797

Amount of Each Receipt this Period

500.00

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

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

950.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. David N Trickey

Mailing Address 3612 Ben Hogan Ln

City State Zip Code
 Billings MT 59106-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Martin Army Cmnty Hosp Emergency 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
 06 / 11 / 2012

Transaction ID : C1765968

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeremy David Tucker

Mailing Address 23959 Meredith Ct

City State Zip Code
 Hollywood MD 20636-2172

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Medical Emergency Professionals Emergency 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
 04 / 23 / 2012

Transaction ID : C1644553

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Joseph Adrian Tyndall

Mailing Address PO Box 10186
 Univ of FL - Dept of EM

City State Zip Code
 Gainesville FL 32610-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 UNIVERSITY OF FLA Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : C1642285

Amount of Each Receipt this Period

83.33

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

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

1333.33

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kurt Edward Urban

Mailing Address 204 E Hall St

City State Zip Code
Savannah GA 31401-5752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Emergency Associates

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1655027

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Vincent G Valente

Mailing Address 2220 Via Tuscany

City State Zip Code
Winter Park FL 32789-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys Kang & Assoc

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668396

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Philip C Van Dongen

Mailing Address 148 Gov Eden House Rd

City State Zip Code
Merry Hill NC 27957-9444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Philip C Van Dongen

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 29 / 2012

Transaction ID : C1775416

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Neil Wang

Mailing Address 255 N Sierra St

City State Zip Code
Reno NV 89501-1368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Neil Wang

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : C1774768

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Matthew J Watson

Mailing Address 1280 Longpointe Pass

City State Zip Code
Alpharetta GA 30005-2284

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside Emer Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667440

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lindsay M Weaver

Mailing Address 6701 Shore Island Dr

City State Zip Code
Indianapolis IN 46220-1185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Sch of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1642318

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**

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lindsay M Weaver

Mailing Address 6701 Shore Island Dr

City

Indianapolis

State

IN

Zip Code

46220-1185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Sch of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667492

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Lindsay M Weaver

Mailing Address 6701 Shore Island Dr

City

Indianapolis

State

IN

Zip Code

46220-1185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Sch of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : C1772049

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Michael L Weaver

Mailing Address 4505 Headwood Dr

City

Kansas City

State

MO

Zip Code

64111-3439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : C1642733

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**

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. L Kendall Webb

Mailing Address 655 W 8th St

Dept Emerg Med

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642310

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. L Kendall Webb

Mailing Address 655 W 8th St

Dept Emerg Med

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667434

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. L Kendall Webb

Mailing Address 655 W 8th St

Dept Emerg Med

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772042

Amount of Each Receipt this Period

84.00

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

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

252.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin John Weber

Mailing Address 3 Encino Pl

City

Pueblo

State

CO

Zip Code

81005-2948

FEC ID number of contributing
federal political committee.

C

Name of Employer

SCES

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1651326

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alan L Weiner

Mailing Address 217 Chesterwood Ter

City

Southington

State

CT

Zip Code

06489-1368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Alan L Weiner

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 24 / 2012

Transaction ID : C1669379

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ian R Welsh

Mailing Address 1027 Gardenia St

City

Fort Mill

State

SC

Zip Code

29708-5712

FEC ID number of contributing
federal political committee.

C

Name of Employer

OUCOM/Doctors Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 24 / 2012

Transaction ID : C1669362

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Preston Wendell

Mailing Address 925 Royall Ave

City

Mt Pleasant

State

SC

Zip Code

29464-5037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palmetto Hlth Richland Meml

Occupation

Emergency 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
04 / 17 / 2012

Transaction ID : C1642643

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David E Wilcox

Mailing Address 8 Aspen Dr

City

S Glastonbury

State

CT

Zip Code

06073-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. David E Wilcox

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667423

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. David Wirtz

Mailing Address 1 Highgate NE

City

Ithaca

State

NY

Zip Code

14850-1483

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2012

Transaction ID : C1649288

Amount of Each Receipt this Period

100.00

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

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

1600.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alfred L Woodard

Mailing Address 222 Winship Dr

City

Leesburg

State

GA

Zip Code

31763-5343

FEC ID number of contributing
federal political committee.

C

Name of Employer

SWEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663792

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gary 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

06 / 26 / 2012

Transaction ID : C1774468

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

249.60

Date of Receipt

04 / 27 / 2012

Transaction ID : C1649290

Amount of Each Receipt this Period

41.60

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

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

541.60

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

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

FOR LINE NUMBER: PAGE 163 OF 228
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Zeitzer

Mailing Address 8127 SW 54th Ave

City State Zip Code
 Portland OR 97219-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverton Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : C1757411

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Gary David Zimmer

Mailing Address 1201 Langhorne Newtown Rd
 St Marys Med Ctr

City State Zip Code
 Langhorne PA 19047-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Marys Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2012

Transaction ID : C1642647

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

42.60

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

187170.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 164 OF 228
(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 type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

672.95

Date of Receipt

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

Transaction ID : C1667437

Amount of Each Receipt this Period

37.85

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

672.95

Date of Receipt

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

Transaction ID : C1766483

Amount of Each Receipt this Period

633.15

Full Name (Last, First, Middle Initial)

C. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

672.95

Date of Receipt

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

Transaction ID : C1786173

Amount of Each Receipt this Period

0.42

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

671.42

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

671.42

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

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

FOR LINE NUMBER: PAGE 165 OF 228

(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
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Snowe For Senate

Mailing Address P.O. Box 2006

City	State	Zip Code
Portland	ME	04104

FEC ID number of contributing federal political committee.

C C00291955

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2012

Transaction ID : C1656754

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. WALLY HERGER FOR CONGRESS COMMITTEE

Mailing Address PO Box 1007

City	State	Zip Code
Willows	CA	95988

FEC ID number of contributing federal political committee.

C C00202523

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2012

Transaction ID : C1656755

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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

4500.00

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

4500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. ALAMO PACMailing Address c/o 1020 North Fairfax Street
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Transaction ID : D127755

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. AMERIPACMailing Address 499 South Capitol, SW
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal PAC/Committees

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2012

Transaction ID : D133885

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Amodei for Nevada

Mailing Address 503 N. Division Street

City Carson City State NV Zip Code 89703

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: NV District: 02

Date of Disbursement

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

Transaction ID : D133714

Amount of Each Disbursement this Period

1500.00

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

9000.00

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

PAGE 167 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amodei for Nevada

Mailing Address 503 N. Division Street

City	State	Zip Code
Carson City	NV	89703

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NV	District: 02

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2012

Transaction ID : D127341

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Austin Scott for Congress

Mailing Address PO Box 27750

City	State	Zip Code
Macon	GA	31221

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: GA	District: 08

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Transaction ID : D127961

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Austin Scott for Congress

Mailing Address PO Box 27750

City	State	Zip Code
Macon	GA	31221

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: GA	District: 08

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

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

Transaction ID : D133723

Amount of Each Disbursement this Period

1000.00

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

4500.00

--

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Benishek for Congress

Mailing Address 802 Pentoga Trail

City	State	Zip Code
Crystal Falls	MI	49920

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Dan BenishekOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2012

Transaction ID : D129098

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Bera for Congress

Mailing Address PO Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

Transaction ID : D134228

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Berg for Senate

Mailing Address PO Box 9394

City	State	Zip Code
Fargo	ND	58106

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2012

Transaction ID : D127340

Amount of Each Disbursement this Period

1500.00

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

8000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Cassidy for US Senate

Mailing Address P.O. Box 80505

City	State	Zip Code
Baton Rouge	LA	70898

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

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

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2012

Transaction ID : D127965

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bill Cassidy for US Senate

Mailing Address P.O. Box 80505

City	State	Zip Code
Baton Rouge	LA	70898

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

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

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

Transaction ID : D134213

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bill Owens for Congress

Mailing Address PO Box 1575

City	State	Zip Code
Plattsburgh	NY	12901-0286

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

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

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2012

Transaction ID : D127959

Amount of Each Disbursement this Period

0.00

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

2000.00

--

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

PAGE 170 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Owens for Congress

Mailing Address PO Box 1575

City	State	Zip Code
Plattsburgh	NY	12901-0286

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Transaction ID : D127756

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Blue Dog PACMailing Address 412 First Street, SE
Suite 100

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Transaction ID : D129106

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Kevin BradyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Transaction ID : D128123

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P. O. Box 17813

City	State	Zip Code
Richmond	VA	23226

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Eric I. CantorOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Transaction ID : D127957

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Carmona for ArizonaMailing Address 1010 Vermont Avenue, NW
Suite 814

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Transaction ID : D134235

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr MD For Congress Inc

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Mr. Charles BoustanyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Transaction ID : D134219

Amount of Each Disbursement this Period

1500.00

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

9000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr MD For Congress Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

Transaction ID : D127758Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Mr. Charles BoustanyCategory/
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: LA	District: 07	

Full Name (Last, First, Middle Initial)

B. CHC Bold PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Mailing Address 236 Massachusetts Ave., NE
Suite 209

City	State	Zip Code
Washington	DC	20002

Transaction ID : D134222Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

011
Category/
Type

Amount of Each Disbursement this Period

2000.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State:	District:	Annual contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Michelle Lujan Grisham

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Mailing Address 2015 Dietz Place, NW

City	State	Zip Code
Albuquerque	NM	87107

Transaction ID : D134232Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

011
Category/
Type

Amount of Each Disbursement this Period

2500.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NM	District: 01	

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

5500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee to Elect Michelle Lujan Grisham

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Mailing Address 2015 Dietz Place, NW

City	State	Zip Code
Albuquerque	NM	87107

Transaction ID : D127767Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 01

Full Name (Last, First, Middle Initial)

B. Common Values PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Mailing Address PO Box 1665

City	State	Zip Code
Alexandria	VA	22313

Transaction ID : D127764Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual contribution

Full Name (Last, First, Middle Initial)

C. Congressman Waxman Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Mailing Address 6380 Wilshire Blvd. #1612

City	State	Zip Code
Los Angeles	CA	90048

Transaction ID : D129100Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1500.00

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 33

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

9000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. DEMOCRATS UNITED TO CHANGE AND HOPE PAC (DUTCH PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Mailing Address 499 S. Capitol Street, SW
Suite 404

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID : D127772

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Denny Heck for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2012

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507-0235

Purpose of Disbursement
Contribution for Federal CandidatesCategory/
Type

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 10

Transaction ID : D134510

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Dewhurst for Texas

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Mailing Address P.O. Box 2667

City Austin State TX Zip Code 78768

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: TX District:

Runoff

Transaction ID : D134231

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dewhurst for Texas

Mailing Address P.O. Box 2667

City Austin	State TX	Zip Code 78768
----------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: TX District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2012

Transaction ID : D127872

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Diana Degette For Congress Inc.

Mailing Address P.O. Box 61337

City Denver	State CO	Zip Code 80206
----------------	-------------	-------------------

Purpose of Disbursement
VOID CK 7921 6/27/12

Candidate Name

Rep. Diana DeGette

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

State: CO District: 01

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

Transaction ID : D134482

Amount of Each Disbursement this Period

-1000.00

VOID CK 7921 6/27/12

Full Name (Last, First, Middle Initial)

C. Diane Black for Congress

Mailing Address PO Box 1437

City Gallatin	State TN	Zip Code 37066-1437
------------------	-------------	------------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Diane Black

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

State: TN District: 06

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Transaction ID : D134210

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. DIRIGO PAC

Mailing Address PO Box 1355

City	State	Zip Code
Alexandria	VA	22313

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 2012

☐ Primary
☐ General
☒ Other (specify) ▼

Annual contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2012

Transaction ID : D127964

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DOC PAC

Mailing Address 337 S. Milledge Avenue Ste. 101

City	State	Zip Code
Athens	GA	30605

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 2012

☐ Primary
☐ General
☒ Other (specify) ▼

annual PAC contribut

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2012

Transaction ID : D127347

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Duncan for Congress

Mailing Address PO Box 732

City	State	Zip Code
Clinton	SC	29325

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:

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

State: SC District: 03

Disbursement For: 2012

☐ Primary
☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Transaction ID : D133894

Amount of Each Disbursement this Period

2000.00

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

9500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. DUTCH RUPPERSBERGER FOR CONGRESSMailing Address 499 S Capitol St SW
Ste 404

City Washington State DC Zip Code 20003-4004

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. C.A. RuppersbergerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 02

Date of Disbursement

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

Transaction ID : D133724

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Eye of the Tiger PAC

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

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

State: District:

Date of Disbursement

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

Transaction ID : D133720

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Fitzpatrick For Congress

Mailing Address P.O. Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Mr. Michael FitzpatrickOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	02	/	2012

Transaction ID : D127969

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Bennie ThompsonMailing Address 236 Massachusetts Ave NE
Ste 603

City Washington State DC Zip Code 20002-4971

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Bennie G. ThompsonOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Transaction ID : D133896

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Bennie ThompsonMailing Address 236 Massachusetts Ave NE
Ste 603

City Washington State DC Zip Code 20002-4971

Purpose of Disbursement
VOID CK 7439 6/27/12

Candidate Name

Rep. Bennie G. ThompsonOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : D134471

Amount of Each Disbursement this Period

-2500.00

VOID CK 7439 6/27/12

Full Name (Last, First, Middle Initial)

C. Friends Of Bill Posey

Mailing Address 1824 South Fiske Boulevard

City Rockledge State FL Zip Code 32955

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Mr. Bill PoseyOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Transaction ID : D133888

Amount of Each Disbursement this Period

2000.00

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

500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF GLENN THOMPSON

Mailing Address P.O. Box 1112

City	State	Zip Code
State College	PA	16804

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

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

State: PA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

Transaction ID : D134221

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Joseph R. PittsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2012

Transaction ID : D127345

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Friends of Nan Hayworth

Mailing Address 1006 Pendleton Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

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

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

Transaction ID : D134220

Amount of Each Disbursement this Period

1500.00

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

5500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Scott DesJarlais

Mailing Address 3697 Main Street

City Jasper	State TN	Zip Code 37347
----------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: TN District: 04

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Transaction ID : D134216

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Scott DesJarlais

Mailing Address 3697 Main Street

City Jasper	State TN	Zip Code 37347
----------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: TN District: 04

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Transaction ID : D128126

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gillibrand for SenateMailing Address 236 Massachusetts Ave., NE
Suite 110

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: NY District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Transaction ID : D128119

Amount of Each Disbursement this Period

5000.00

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

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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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

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. Brett GuthrieCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Transaction ID : D127970

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. Brett GuthrieCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2012

Transaction ID : D127342

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. Brett GuthrieCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Transaction ID : D129108

Amount of Each Disbursement this Period

2500.00

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

8000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 4201 Northview Dr, Ste 307

City	State	Zip Code
Bowie	MD	20716

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Steny H. HoyerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MD	District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2012

Transaction ID : D133886

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Huffman for Congress 2012

Mailing Address P.O. BOX 151563

City	State	Zip Code
SAN RAFAEL	CA	94915

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

JARED MR. HUFFMANCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 06

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Transaction ID : D134230

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. IMPACTMailing Address 220 I St NE
Ste 250

City	State	Zip Code
Washington	DC	20002-4693

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

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

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Transaction ID : D127761

Amount of Each Disbursement this Period

2500.00

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

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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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

Full Name (Last, First, Middle Initial)

A. JOEPAC

Mailing Address 601 S Broad Street

City	State	Zip Code
Lititz	PA	17543

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Transaction ID : D127971

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. John D. Dingell For Congress Committee

Mailing Address PO Box 75214

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. John D. DingellOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Transaction ID : D127972

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. John D. Dingell For Congress Committee

Mailing Address PO Box 75214

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. John D. DingellOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Transaction ID : D128133

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Fund

Mailing Address PO Box 853

City	State	Zip Code
Edwardsville	IL	62025

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual contribuion

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Transaction ID : D128121

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Jotte for Congress

Mailing Address 120 Orchard Ave

City	State	Zip Code
Saint Louis	MO	63119-2510

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Transaction ID : D129110

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kinzinger for Congress

Mailing Address 104 Hume Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Adam KinzingerOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 16

Date of Disbursement

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

Transaction ID : D133719

Amount of Each Disbursement this Period

1000.00

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

8500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kirk For Senate

Mailing Address P.O. BOX 8

City WINNETKA	State IL	Zip Code 60093
------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. MARK STEVEN Steven KIRK

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: IL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Transaction ID : D128131

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kurt Schrader For Congress

Mailing Address 205 N Main St.

City Oregon City	State OR	Zip Code 97045
---------------------	-------------	-------------------

Purpose of Disbursement
VOID CK 7524 6/27/12

Candidate Name

Mr. Kurt Schrader

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

Transaction ID : D134472

Amount of Each Disbursement this Period

-2500.00

VOID CK 7524 6/27/12

Full Name (Last, First, Middle Initial)

C. LANCE FOR CONGRESS

Mailing Address 370 Tall Tree Ct

City Jackson	State NJ	Zip Code 08527-3158
-----------------	-------------	------------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Leonard Lance

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: NJ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2012

Transaction ID : D127339

Amount of Each Disbursement this Period

1000.00

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

-500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. LANCE FOR CONGRESS

Mailing Address 370 Tall Tree Ct

City
JacksonState
NJZip Code
08527-3158Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Leonard LanceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Transaction ID : D129091

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Landry for Louisiana

Mailing Address PO Box 13816

City
New IberiaState
LAZip Code
70562Purpose of Disbursement
VOID CK 7596 6/27/12

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
VOID CK 7596 6/27/12

State: LA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

Transaction ID : D134473

Amount of Each Disbursement this Period

-2500.00

VOID CK 7596 6/27/12

Full Name (Last, First, Middle Initial)

C. Langevin For Congress

Mailing Address 181-A Knight St

City
WarwickState
RIZip Code
02886Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Mr. James LangevinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Transaction ID : D127968

Amount of Each Disbursement this Period

2500.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. LATHAM FOR CONGRESS

Mailing Address 217 3rd St SE

City
WashingtonState
DCZip Code
20003-1904Purpose of Disbursement
Contributions for Federal Candidates

012

Candidate Name

Rep. Tom LathamCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Transaction ID : D128128

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. LATHAM FOR CONGRESS

Mailing Address 217 3rd St SE

City
WashingtonState
DCZip Code
20003-1904Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Tom LathamCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Transaction ID : D134212

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Latourette For Congress Committee

Mailing Address 320 Kenarden Dr.

City
Highland Hts.State
OHZip Code
44143Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Steven C. LaTouretteCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2012

Transaction ID : D133884

Amount of Each Disbursement this Period

2000.00

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

4500.00

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

National Emergency Medicine Political Action Committee

A. LEGPAC

Date of Disbursement

Transaction ID : D127771

011

Amount of Each Disbursement this Period

Category/
Type

Sen. Benjamin Cardin

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: MD District: 00

Annual contribution

B. Lincoln PAC

Date of Disbursement

MM / DD / YYYY

Transaction ID : D127954

Amount of Each Disbursement this Period

011

Candidate Name

Category/
Type

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual contribution

C. Linda Lingle Senate Committee

Date of Disbursement

Transaction ID : D134234

Amount of Each Disbursement this Period

011

Candidate Name

Category/
Type

Disbursement For: 2012

☒ Primary ☐ General
Other (specify) ▼

State: HI District:

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

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

12500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lynn Jenkins for Congress

Mailing Address 4011 SW 21st

City
TopekaState
KSZip Code
66604Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

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

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

Transaction ID : D134211

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Majority FundMailing Address ATTN: RNC Finance Division
310 First Street, SECity
WashingtonState
DCZip Code
20003Purpose of Disbursement
Contributions to National Party Committees

011

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2012

Transaction ID : D127753

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. Markey Committee, The

Mailing Address PO Box 526

City
MedfordState
MAZip Code
02155Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Edward J. MarkeyCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2012

Transaction ID : D128763

Amount of Each Disbursement this Period

5000.00

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

22000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Marsha Blackburn

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2012

Transaction ID : D127773

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Marsha Blackburn

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2012

Transaction ID : D129088

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Martin Heinrich for Senate

Mailing Address PO BOX 1174

City	State	Zip Code
SPRINGFIELD	VA	22151

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Sen. Martin Heinrich

Office Sought:	Disbursement For:
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: NM District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2012

Transaction ID : D128136

Amount of Each Disbursement this Period

2500.00

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

5500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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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

Full Name (Last, First, Middle Initial)

A. McKinley for Congress

Mailing Address P.O. Box 6861

City Wheeling	State WV	Zip Code 26003
------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: WV	District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Transaction ID : D129105

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McKinley for Congress

Mailing Address P.O. Box 6861

City Wheeling	State WV	Zip Code 26003
------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: WV	District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2012

Transaction ID : D127346

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Mo Brooks for Congress

Mailing Address 7610 Foxfire Dr SE

City Huntsville	State AL	Zip Code 35802-2716
--------------------	-------------	------------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AL	District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2012

Transaction ID : D133887

Amount of Each Disbursement this Period

1000.00

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

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Moderate Democrats PAC

Mailing Address 303 Massachusetts Avenue, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual contributions

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Transaction ID : D134207

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. NEXT CENTURY FUND

Mailing Address 116 S ROYAL STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Transaction ID : D129104

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Ohio's Future PAC

Mailing Address 900 19th Street, NW

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement
VOID CK 7723 6/27/12

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2011

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

VOID CK 7723 6/27/12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

Transaction ID : D134478

Amount of Each Disbursement this Period

-1500.00

VOID CK 7723 6/27/12

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

5500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Olson for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

Mailing Address PO Box 16381

City	State	Zip Code
Sugar Land	TX	77496

Transaction ID : D134224Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

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

State: TX District: 22

2000.00

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2012

Mailing Address 175 S. WEST TEMPLE SUITE 650

City	State	Zip Code
SALT LAKE CITY	UT	84101

Transaction ID : D127757Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Amount of Each Disbursement this Period

Candidate Name

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

State: District:

2500.00

Full Name (Last, First, Middle Initial)

C. Paige Kreegel for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2012

Mailing Address PO Box 62331

City	State	Zip Code
Fort Myers	FL	33906

Transaction ID : D129097Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Dr Paige KreegelCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 19

2500.00

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paige Kreegel for Congress

Mailing Address PO Box 62331

City State Zip Code
Fort Myers FL 33906

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Dr Paige Kreegel

Office Sought: ☒ House
☐ Senate
☐ President

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

State: FL District: 19

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : D129129

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pat Meehan for Congress

Mailing Address P.O. Box 308

City State Zip Code
Drexel Hill PA 19026

Purpose of Disbursement
VOID CK 7682 6/27/12

Candidate Name

Pat Meehan

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : D134475

Amount of Each Disbursement this Period

-2500.00

VOID CK 7682 6/27/12

Full Name (Last, First, Middle Initial)

C. Pat Meehan for Congress

Mailing Address P.O. Box 308

City State Zip Code
Drexel Hill PA 19026

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Pat Meehan

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : D134515

Amount of Each Disbursement this Period

1000.00

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

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

1000.00

**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

Full Name (Last, First, Middle Initial)

A. Paul Gosar for CongressMailing Address EV Strategies
2 West Windsor Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: AZ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2012

Transaction ID : D127973

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. People for Enterprise/Trade/Econ Growth

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2012

Transaction ID : D127966

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PRESERVING AMERICA'S TRADITIONS (PATPAC)

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2012

Transaction ID : D127953

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Renacci for Congress

Mailing Address 2729 - B

Fulton Drive NW

City

Canton

State

OH

Zip Code

44718

Purpose of Disbursement

Contributions for Federal Candidates

011

Candidate Name

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2012

☐

Primary

☒

General

☐

Other (specify) ▼

State: OH

District: 16

Date of Disbursement

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

Transaction ID : D133715

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ANN MARIE BUERKLE FOR CONGRESS

Mailing Address 815 King Street, Suite 311

City

Alexandria

State

VA

Zip Code

22314

Purpose of Disbursement

Contributions for Federal Candidates

011

Candidate Name

Rep. Ann Marie Buerkle

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2012

☒

Primary

☐

General

☐

Other (specify) ▼

State: NY

District: 25

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 02 / 2012

Transaction ID : D127960

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. BEN CHANDLER FOR CONGRESS

Mailing Address P. O. Box 12678

City

Lexington

State

KY

Zip Code

40508

Purpose of Disbursement

Contributions for Federal Candidates

010

Candidate Name

Rep. Ben Chandler

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2012

☐

Primary

☒

General

☐

Other (specify) ▼

State: KY

District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 21 / 2012

Transaction ID : D134214

Amount of Each Disbursement this Period

2500.00

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

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

5500.00

**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

Full Name (Last, First, Middle Initial)

A. BILL JOHNSON FOR CONGRESS COMMITTEE

Date of Disbursement

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

Mailing Address 104 Hume Avenue

Transaction ID : D133716

City	State	Zip Code
Alexandria	VA	22301

Amount of Each Disbursement this Period

Purpose of Disbursement
Contributions for Federal Candidates

011

2500.00

Candidate Name

Rep. Bill JohnsonCategory/
Type

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

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 06

Full Name (Last, First, Middle Initial)

B. BILLY LONG FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2012

Mailing Address 3246 E. RIDGEVIEW STREET

Transaction ID : D127962

City	State	Zip Code
SPRINGFIELD	MO	65804

Amount of Each Disbursement this Period

Purpose of Disbursement
Contributions for Federal Candidates

011

1000.00

Candidate Name

Rep. Billy LongCategory/
Type

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

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District: 07

Full Name (Last, First, Middle Initial)

C. BILLY LONG FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

Mailing Address 3246 E. RIDGEVIEW STREET

Transaction ID : D134223

City	State	Zip Code
SPRINGFIELD	MO	65804

Amount of Each Disbursement this Period

Purpose of Disbursement
Contributions for Federal Candidates

011

1500.00

Candidate Name

Rep. Billy LongCategory/
Type

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

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District: 07

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

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. BOBBY SCHILLING FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2012

Mailing Address 367 Avenue of The Cities Suite D

City	State	Zip Code
East Moline	IL	61244

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Bobby SchillingCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 17

Transaction ID : D127338

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BRIAN BILBRAY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2012

Mailing Address 991C Lomas Santa Fe Drive

City	State	Zip Code
Solana Beach	CA	92075

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Brian P. BilbrayCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 50

Transaction ID : D133890

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BRIAN BILBRAY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

Mailing Address 991C Lomas Santa Fe Drive

City	State	Zip Code
Solana Beach	CA	92075

Purpose of Disbursement
VOID CK 7748 6/27/12

Candidate Name

Rep. Brian P. BilbrayCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 50

Transaction ID : D134476

Amount of Each Disbursement this Period

-1000.00

VOID CK 7748 6/27/12

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

2500.00
-1000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CAROLYN MCCARTHY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Mailing Address 151 Linden Road

City	State	Zip Code
Mineola	NY	11501

Transaction ID : D134217Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Carolyn McCarthyCategory/
Type

Office Sought:



House

Disbursement For: 2012



Primary



General



Senate



Other (specify) ▼



President

State: NY

District: 04

1000.00

Full Name (Last, First, Middle Initial)

B. CATHY MCMORRIS RODGERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2012

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Transaction ID : D133891Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Cathy McMorris RodgersCategory/
Type

Office Sought:



House

Disbursement For: 2012



Primary



General



Senate



Other (specify) ▼



President

State: WA

District: 05

2000.00

Full Name (Last, First, Middle Initial)

C. CATHY MCMORRIS RODGERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Transaction ID : D127759Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Cathy McMorris RodgersCategory/
Type

Office Sought:



House

Disbursement For: 2012



Primary



General



Senate



Other (specify) ▼



President

State: WA

District: 05

1000.00

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

4000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CLIFF STEARNS

Mailing Address PO BOX 308

City SILVER SPRINGS	State FL	Zip Code 34489
------------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Cliff StearnsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2012

Transaction ID : D133883

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. GARDNER FOR CONGRESS

Mailing Address PO Box 2408

City Loveland	State CO	Zip Code 80539
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Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Cory GardnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Transaction ID : D134226

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DAVE CAMP FOR CONGRESSMailing Address 20 F St NW
Ste 500

City Washington	State DC	Zip Code 20001-6703
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Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Dave CampOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Transaction ID : D128122

Amount of Each Disbursement this Period

2500.00

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

5000.00

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

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DAVE REICHERT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Mailing Address P. O. Box 53322

City	State	Zip Code
Bellevue	WA	98015

Transaction ID : D133881Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Dave ReichertCategory/
Type

2000.00

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

State: WA District: 08

Full Name (Last, First, Middle Initial)

B. SCHWEIKERT FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2012

Mailing Address 8776 E SHEA BLVD, SUITE B3A-626

City	State	Zip Code
SCOTTSDALE	AZ	85260

Transaction ID : D128764Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. David SchweikertCategory/
Type

1000.00

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

State: AZ District: 05

Full Name (Last, First, Middle Initial)

C. LAMBORN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

Mailing Address P.O. BOX 64107

City	State	Zip Code
COLORADO SPRINGS	CO	80962

Transaction ID : D134512Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Doug LambornCategory/
Type

1000.00

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

State: CO District: 05

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

4000.00

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

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay, #105

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Earl BlumenauerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	13	/	2012

Transaction ID : D133892

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PERLMUTTER FOR CONGRESS

Mailing Address 3440 Youngfield Street

City	State	Zip Code
Wheat Ridge	CO	80033

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Ed PerlmutterCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	09	/	2012

Transaction ID : D128132

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PERLMUTTER FOR CONGRESS

Mailing Address 3440 Youngfield Street

City	State	Zip Code
Wheat Ridge	CO	80033

Purpose of Disbursement
VOID CK 8232 6/27/12

Candidate Name

Rep. Ed PerlmutterCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2012

Transaction ID : D134481

Amount of Each Disbursement this Period

-1000.00

VOID CK 8232 6/27/12

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

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary 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
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Erik PaulsenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Transaction ID : D129101

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address 104 Hume Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement
Contributions for Federal candidates

Candidate Name

Rep. Fred UptonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2012

Transaction ID : D133889

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. JACKIE SPEIER FOR CONGRESS

Mailing Address Post Office Box 112

City	State	Zip Code
Burlingame	CA	94011

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Jackie SpeierOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Transaction ID : D129086

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City COLUMBIA	State SC	Zip Code 29211
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Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. James E. ClyburnOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

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

Transaction ID : D133725

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR ALTMIRE

Mailing Address P.O. Box 1776

City Freedom	State PA	Zip Code 15042
-----------------	-------------	-------------------

Purpose of Disbursement
VOID CK 8188 4/25/12

Candidate Name

Rep. Jason AltmireOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 04

Date of Disbursement

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

Transaction ID : D133759

Amount of Each Disbursement this Period

-1000.00

VOID CK 8188 4/25/12

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR ALTMIRE

Mailing Address P.O. Box 1776

City Freedom	State PA	Zip Code 15042
-----------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Jason AltmireOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2012

Transaction ID : D127765

Amount of Each Disbursement this Period

1000.00

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

1500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. JESSE JACKSON JR FOR CONGRESS

Mailing Address P.O. Box 490286

City	State	Zip Code
Chicago	IL	60649

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Jesse L. Jackson Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	13	/	2012

Transaction ID : D133893

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MATHESON FOR CONGRESS

Mailing Address P.O. Box 636

City	State	Zip Code
Annandale	VA	22003

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Jim MathesonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2012

Transaction ID : D134218

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Joe CourtneyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	09	/	2012

Transaction ID : D128120

Amount of Each Disbursement this Period

2500.00

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

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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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
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. CONGRESSMAN JOE BARTON COMMITTEE, THE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2012

Mailing Address P.O. Box 1444

City	State	Zip Code
Ennis	TX	75120

Transaction ID : D128129Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Joe L. BartonCategory/
Type

Amount of Each Disbursement this Period

1000.00

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

State: TX District: 06

Full Name (Last, First, Middle Initial)

B. LARSON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2012

Mailing Address 330 Main Street
430 South Capitol Street, SE

City	State	Zip Code
Hartford	CT	06106

Transaction ID : D134206Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. John B. LarsonCategory/
Type

Amount of Each Disbursement this Period

1500.00

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

State: CT District: 01

Full Name (Last, First, Middle Initial)

C. CULBERSON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2012

Mailing Address P.O. Box 41964

City	State	Zip Code
Houston	TX	77241

Transaction ID : D134208Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. John CulbersonCategory/
Type

Amount of Each Disbursement this Period

1000.00

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

State: TX District: 07

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

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN SULLIVAN FOR CONGRESS INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Mailing Address Post Office Box 470840

City	State	Zip Code
Tulsa	OK	74147

Transaction ID : D133880Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. John SullivanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 01

3000.00

Full Name (Last, First, Middle Initial)

B. CROWLEY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2012

Mailing Address 410 1st St SE
Ste 301

City	State	Zip Code
Washington	DC	20003-1819

Transaction ID : D128125Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Joseph CrowleyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 14

2500.00

Full Name (Last, First, Middle Initial)

C. KENNY MARCHANT FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2012

Mailing Address PO Box 110187

City	State	Zip Code
Carrollton	TX	75011

Transaction ID : D127754Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Kenny MarchantCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 24

2500.00

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

8000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. KISSELL FOR CONGRESS

Mailing Address P.O. BOX 1530

City
BISCOEState
NCZip Code
27209Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Larry KissellCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Transaction ID : D133882

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOIS CAPPs

Mailing Address 38 Ivy Street, SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Lois CappsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2012

Transaction ID : D128135

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address P.O. Box 730

City
HoneoyeState
NYZip Code
14471Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Louise M. SlaughterCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2012

Transaction ID : D129099

Amount of Each Disbursement this Period

1000.00

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

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAUD FOR CONGRESS

Mailing Address 213 Lisbon St

City Lewiston	State ME	Zip Code 04240
------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Michael H. Michaud

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	--

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Transaction ID : D127769

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. MIKE MCINTYRE FOR CONGRESS

Mailing Address P.O. Box 1

City Lumberton	State NC	Zip Code 28359
-------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Mike McIntyre

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: NC District: 07

Date of Disbursement

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

Transaction ID : D133722

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. NANCY PELOSI FOR CONGRESSMailing Address c/o Mike Smith
430 South Capitol Street, SE

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

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Nancy Pelosi

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: CA District: 08

Date of Disbursement

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

Transaction ID : D133727

Amount of Each Disbursement this Period

2500.00

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

5000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. NEUGEBAUER CONGRESSIONAL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Mailing Address PO BOX 54175

City	State	Zip Code
LUBBOCK	TX	79453

Transaction ID : D127958Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Randy NeugebauerCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 19

1000.00

Full Name (Last, First, Middle Initial)

B. RENEE ELLMERS FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Mailing Address P.O. Box 904

City	State	Zip Code
Dunn	NC	28335

Transaction ID : D127967Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Renee EllmersCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

1000.00

Full Name (Last, First, Middle Initial)

C. RICHARD E NEAL FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2012

Mailing Address 76 MAGNOLIA TERRACE

City	State	Zip Code
SPRINGFIELD	MA	01108

Transaction ID : D127337Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Richard E. NealCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 02

1000.00

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. RICHARD E NEAL FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

Mailing Address 76 MAGNOLIA TERRACE

City	State	Zip Code
SPRINGFIELD	MA	01108

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Richard E. NealCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 02

Transaction ID : D134225

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CITIZENS TO ELECT RICK LARSEN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Mailing Address PO Box 326

City	State	Zip Code
Everett	WA	98206

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Rick LarsenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 02

Transaction ID : D133895

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ROB WITTMAN FOR CONGRESS

Date of Disbursement

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

Mailing Address P.O. BOX 999

City	State	Zip Code
MONTROSS	VA	22520

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Rob WittmanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 01

Transaction ID : D133718

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. DOLD FOR CONGRESS

Mailing Address PO BOX 8145

City
NORTHFIELDState
ILZip Code
60093Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Robert DoldCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Transaction ID : D127760

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ROSA DELAUROMailing Address 12 TRUMBULL STREET
2nd FloorCity
NEW HAVENState
CTZip Code
06511Purpose of Disbursement
VOID CK 7778 6/27/12Category/
Type

Candidate Name

Rep. Rosa DeLauroOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

Transaction ID : D134477

Amount of Each Disbursement this Period

-1000.00

VOID CK 7778 6/27/12

Full Name (Last, First, Middle Initial)

C. GRAVES FOR CONGRESS

Mailing Address 2345 Grand, Suite 2400

City
Kansas CityState
MOZip Code
64108Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Sam GravesCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Transaction ID : D129109

Amount of Each Disbursement this Period

1000.00

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

1000.00

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**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

Full Name (Last, First, Middle Initial)

A. LEVIN FOR CONGRESS

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Sander M. LevinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2012

Transaction ID : D129103

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Capito for West Virginia

Mailing Address 1006 Pendleton Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Shelley Moore CapitoOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2012

Transaction ID : D127343

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City	State	Zip Code
Farmingville	NY	11738

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Timothy H. BishopOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2012

Transaction ID : D127963

Amount of Each Disbursement this Period

1500.00

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

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City	State	Zip Code
Farmingville	NY	11738

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Timothy H. BishopOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Transaction ID : D129092

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Tom PriceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Transaction ID : D129111

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Tom PriceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Transaction ID : D134215

Amount of Each Disbursement this Period

2500.00

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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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
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City	State	Zip Code
Los Angeles	CA	90026

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Xavier BecerraOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Transaction ID : D127956

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Richard Hanna for Congress

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: NY District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Transaction ID : D129113

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ricky Gill for Congress

Mailing Address P.O. Box 691900

City	State	Zip Code
Stockton	CA	95269

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: CA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Transaction ID : D129128

Amount of Each Disbursement this Period

2500.00

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

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rob Portman for US SenateMailing Address 900 19th Street, NW
8th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rob PortmanOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

Transaction ID : D134513

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Rogers For Congress

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Michael J. RogersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2012

Transaction ID : D129107

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Scott Brown for U.S. Senate Committee

Mailing Address 200 Reservoir St

City Needham Heights State MA Zip Code 02494-3191

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: MA District: 00

Date of Disbursement

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

Transaction ID : D133717

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVID VITTER FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

Mailing Address PO BOX 8175

City	State	Zip Code
METAIRIE	LA	70011

Transaction ID : D134514Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Sen. David VitterCategory/
Type

Amount of Each Disbursement this Period

1000.00

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

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 00

Full Name (Last, First, Middle Initial)

B. MONTANANS FOR TESTER

Date of Disbursement

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

Mailing Address PO BOX 1135

City	State	Zip Code
HELENA	MT	59624

Transaction ID : D133726Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Sen. Jon TesterCategory/
Type

Amount of Each Disbursement this Period

1000.00

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

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MT District: 00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAX BAUCUS

Date of Disbursement

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

Mailing Address PO BOX 586

City	State	Zip Code
HELENA	MT	59624

Transaction ID : D133721Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Sen. Max BaucusCategory/
Type

Amount of Each Disbursement this Period

1000.00

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

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MT District: 00

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

3000.00

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

PAGE 219 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City HELENA	State MT	Zip Code 59624
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Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Sen. Max BaucusOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Transaction ID : D127955

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE	State WA	Zip Code 98124
-----------------	-------------	-------------------

Purpose of Disbursement
VOID CK 8118 3/14/12

Candidate Name

Sen. Patty MurrayOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 00

Date of Disbursement

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

Transaction ID : D133758

Amount of Each Disbursement this Period

-1000.00

VOID CK 8118 3/14/12

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATEMailing Address 232 NE 9TH AVENUE
Ste 505

City PORTLAND	State OR	Zip Code 97232
------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Sen. Ron WydenOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Transaction ID : D128130

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHAMBLISS FOR SENATE

Mailing Address POST OFFICE BOX 12469

City ATLANTA	State GA	Zip Code 30355
-----------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Saxby ChamblissCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Transaction ID : D127766

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stabenow For Us Senate

Mailing Address PO Box 4945

City East Lansing	State MI	Zip Code 48826
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Debbie StabenowCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Transaction ID : D134209

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Stivers For Congress

Mailing Address 217 3rd St SE

City Washington	State DC	Zip Code 20003-1904
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. Steve StiversCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

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

Transaction ID : D133728

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Strickland for Congress 2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Mailing Address P. O. Box 368

City	State	Zip Code
Falls Church	VA	22040

Transaction ID : D129090Purpose of Disbursement
Contributions for Federal Candidates

010

Amount of Each Disbursement this Period

Candidate Name

Tony StricklandCategory/
Type

2500.00

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

State: CA District: 26

Full Name (Last, First, Middle Initial)

B. Tim Murphy For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Mailing Address PO Box 10429

City	State	Zip Code
Pittsburgh	PA	15234-0429

Transaction ID : D127768Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Tim F. MurphyCategory/
Type

1000.00

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

State: PA District: 18

Full Name (Last, First, Middle Initial)

C. Tim Scott for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2012

Mailing Address 1405 Asley River Road

City	State	Zip Code
Charleston	SC	29407

Transaction ID : D127344Purpose of Disbursement
Contributions for Federal CandidatesCategory/
Type

Amount of Each Disbursement this Period

Candidate Name

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

State: SC District:

1000.00

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

4500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom Cotton for Congress

Mailing Address PO Box 379

City	State	Zip Code
Dardanelle	AR	72834

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: AR District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2012

Transaction ID : D128124

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Tony Cardenas for Congress

Mailing Address 3700 Wilshire Boulevard, Suite 105

City	State	Zip Code
Los Angeles	CA	90010

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

Transaction ID : D134229

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Udall For Colorado

Mailing Address PO Box 40158

City	State	Zip Code
Denver	CO	80204

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Mark UdallOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2012

Transaction ID : D127770

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Udall For Colorado

Mailing Address PO Box 40158

City	State	Zip Code
Denver	CO	80204

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Mark UdallCategory/
Type

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

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

Transaction ID : D134205

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. VIEW PAC

Mailing Address 3106 Russell Rd

City	State	Zip Code
Alexandria	VA	22305-1720

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

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

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
annual contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2012

Transaction ID : D128134

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VOICE FOR FREEDOM

Mailing Address 3502 Halcyon Drive

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

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

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

Transaction ID : D134227

Amount of Each Disbursement this Period

5000.00

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

8000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. VOICE FOR FREEDOM

Mailing Address 3502 Halcyon Drive

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement
VOID CK 7610 6/27/12

Candidate Name

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

Disbursement For: 2010

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: VOID CK 7610 6/27/12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

Transaction ID : D134474

Amount of Each Disbursement this Period

-2500.00

VOID CK 7610 6/27/12

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Mailing Address PO Box 5458

City	State	Zip Code
Springfield	IL	62705

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. John M. Shimkus

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

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2012

Transaction ID : D133879

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

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

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

0.00
328500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Leigh Anderson Barrow

Mailing Address 2824 E 25th St

City	State	Zip Code
Tulsa	OK	74114-3214

Purpose of Disbursement
REFUND DONATION

Candidate Name

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

Disbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : D148838

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Angela D Cheers

Mailing Address 2292 Allen Rd

City	State	Zip Code
Ortonville	MI	48462-9300

Purpose of Disbursement
REFUND

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2012

Transaction ID : D129193

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Anonymous Donor

Mailing Address 1125 Executive Cir

City	State	Zip Code
Irving	TX	75038-2522

Purpose of Disbursement
refund unidentifiable donor cc

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2012

Transaction ID : D148840

Amount of Each Disbursement this Period

5.00

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

355.00

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

National Emergency Medicine Political Action Committee

100.00

-100.00

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	45

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

National Emergency Medicine Political Action Committee

A. Dr. Alexander Yeats

Mailing Address 270 6th St

City	State	Zip Code
Atlantic Bch	FL	32233-5318

Purpose of Disbursement
RFND NON MBR SINCE 2011

Candidate Name

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

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

Date of Disbursement

Transaction ID : D128972

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

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

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

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

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

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

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

555.00

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

PAGE 228 OF 228

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving	State TX	Zip Code 75062-8114
----------------	-------------	------------------------

Purpose of Disbursement
Bank Fees May 2012

Candidate Name

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

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : D133857

Amount of Each Disbursement this Period

893.74

B. CHASE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 545 E John Carpenter Fwy

City Irving	State TX	Zip Code 75062-8114
----------------	-------------	------------------------

Purpose of Disbursement
Bank Fees Apr 2012

Candidate Name

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

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : D133734

Amount of Each Disbursement this Period

392.25

C. CHASE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 545 E John Carpenter Fwy

City Irving	State TX	Zip Code 75062-8114
----------------	-------------	------------------------

Purpose of Disbursement
Bank Fees June 2012

Candidate Name

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

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : D134647

Amount of Each Disbursement this Period

967.86

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

2253.85

2253.85