

**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 113 OF 228
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. 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  
 M M / D D / Y Y Y Y Y Y  
 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  
 M M / D D / Y Y Y Y Y Y  
 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  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2012

**Transaction ID : C1667505**

Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1166.66
<b>TOTAL</b> This Period (last page this line number only).....▶	