

FEC
FORM 3XREPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (In full)USE FEC MAILING LABEL
OR TYPE OR PRINTExample: If typing, type
over the lines

National Emergency Medicine Political Action Committee

ADDRESS (number and street)

1125 Executive Circle

Check if different
than previously
reported. (ACC)

Irvine

TX

75038

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00140061

3. IS THIS
REPORT

X

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)X January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12G)

Election on

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2005

through

12

31

2005

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

Dean Wilkerson, MBA, JD

Signature of Treasurer

Electronically Filed by Dean Wilkerson, MBA, JD

Date

01

25

2006

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
OnlyFEC FORM 3X
(Rev. 02/2003)

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: 07 01 2005 To: 12 31 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		176619.83
(b) Cash on Hand at Beginning of Reporting Period	214104.04	
(c) Total Receipts (from Line 19)	265567.52	503755.53
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	479671.56	680375.36
7. Total Disbursements (from Line 31)	141402.77	342106.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	338268.79	338268.79
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. 02/2003)

Page 3

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From: ^M07 ⁻01 ⁻2005 To: ^M12 ⁻31 ⁻2005

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)	143542.50	229062.50
(ii) Unitemized	118722.50	270235.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ►	262265.00	499298.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ►	262265.00	499298.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3302.52	4457.53
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	265567.52	503755.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	265567.52	503755.53

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ►	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	136475.00	334975.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	750.00	1800.00
(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))	750.00	1800.00
29. Other Disbursements.....	4177.77	5331.57
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	141402.77	342106.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	141402.77	342106.57

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)	262265.00	499298.00
34. Total Contribution Refunds (from Line 28(d))	750.00	1800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	261515.00	497498.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6/170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Daniel Eugene Peckerpaugh Mailing Address 4107 Woodcreek Ct City State Zip Code Colleyville TX 76034-4101 FEC ID number of contributing federal political committee. C Name of Employer Harris Meth HEB ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 07 05 2005 Transaction ID: 7939907 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Miguel H Rodriguez Mailing Address 2837 Inverary Cove City State Zip Code Memphis TN 38113-7707 FEC ID number of contributing federal political committee. C Name of Employer Miguel H Rodriguez. MD 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 07 06 2005 Transaction ID: 7939916 Amount of Each Receipt this Period 150.00
C. Full Name (Last, First, Middle Initial) Dr. James E Winslow, III Mailing Address Wake Forest Univ Sch Med ED Medical Center Blvd City State Zip Code Winston Salem NC 27157-0001 FEC ID number of contributing federal political committee. C Name of Employer Wake Forest Univ Sch Med ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 07 06 2005 Transaction ID: 7939917 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Ronald Eugene Graham Mailing Address 2104 Pell St City Scottsboro State AL Zip Code 35769-3840 FEC ID number of contributing federal political committee. C Name of Employer Baptist Med Ctr Dekalb Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2005 Transaction ID: 7975810 Amount of Each Receipt this Period 235.00
B. Full Name (Last, First, Middle Initial) Dr. James P Gardner Mailing Address 5421 Gharrett St City Missoula State MT Zip Code 59803-2601 FEC ID number of contributing federal political committee. C Name of Employer James P Gardner, MD, FACEP Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2005 Transaction ID: 7938918 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Craig B Mittleman Mailing Address Waterbury Hosp 64 Robbins St City Waterbury State CT Zip Code 06708-2613 FEC ID number of contributing federal political committee. C Name of Employer Waterbury 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 07 / 07 / 2005 Transaction ID: 7976858 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶

735.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8/170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Steven Gerald Folstad Mailing Address 131 Sanibel Ln City State Zip Code Mooreville NC 28117-9062 FEC ID number of contributing federal political committee. C Name of Employer Steven Gerald Folstad, MD, FACEP Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 415.00		Date of Receipt M M / D D / Y Y Y Y 07 08 2005 Transaction ID: 7975819 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) Dr. Steven J Lipsky Mailing Address 8721 N 62nd St City State Zip Code Paradise Valley AZ 85253-4309 FEC ID number of contributing federal political committee. C Name of Employer Paradise Valley Emerg Phys Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 07 08 2005 Transaction ID: 7980387 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. James S Eadie Mailing Address 100 W El Prado Unit 204 City State Zip Code San Antonio TX 78212-2083 FEC ID number of contributing federal political committee. C Name of Employer Wilford Hall Med Ctr ED Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 07 11 2005 Transaction ID: 7976859 Amount of Each Receipt this Period 250.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9/170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Robert Eduard Suter Mailing Address 5926 St Marks Cir City State Zip Code Dallas TX 75230-4048 FEC ID number of contributing federal political committee. C Name of Employer Greater Houston Emer Phys Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M / D / Y 07 / 11 / 2005 Transaction ID: 7980400 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. David A Wrede Mailing Address 785 Winterhill Ln City State Zip Code Lexington KY 40509-1961 FEC ID number of contributing federal political committee. C Name of Employer Pattie A Clay Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y 07 / 11 / 2005 Transaction ID: 7980397 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. Juan Ely Ancheta Mailing Address 8161 NW 122nd Terr City State Zip Code Coral Springs FL 33078-1514 FEC ID number of contributing federal political committee. C Name of Employer West Side Reg Med Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M / D / Y 07 / 11 / 2005 Transaction ID: 7987084 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶

1100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 170
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
 National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Robert Verna Oliver Mailing Address 5139 Par Place City State Zip Code Rocklin CA 95677-4228 FEC ID number of contributing federal political committee. C Name of Employer Robert Verna Oliver, MD Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 07 11 2005 Transaction ID: 7987091 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) Dr. Ernie Woodhouse Mailing Address 11625 Cielo Ln City State Zip Code Loma Linda CA 92354-3708 FEC ID number of contributing federal political committee. C Name of Employer CA Emerg Phys Med Grp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 07 11 2005 Transaction ID: 7976412 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. Eric J Fete Mailing Address 5660 Pine Valley Dr City State Zip Code Zanesville OH 43701-6874 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 07 12 2005 Transaction ID: 7972538 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) **1100.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 170
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
 National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Juan Francisco Fite		Date of Receipt M / D / Y 07 / 13 / 2005	
Mailing Address 5707 86th St		Transaction ID: 7985251	
City Lubbock	State TX	Zip Code 79424-4613	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Emer Aerofitd Svcs	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		
B. Full Name (Last, First, Middle Initial) Dr. Nathan Philip Peimann		Date of Receipt M / D / Y 07 / 14 / 2005	
Mailing Address PO Box 20150		Transaction ID: 7987118	
City Juneau	State AK	Zip Code 99802-0150	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bartlett Hosp	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Dr. Suzanne E Johnson		Date of Receipt M / D / Y 07 / 14 / 2005	
Mailing Address 4329 Gregory St		Transaction ID: 7985852	
City Oakland	State CA	Zip Code 94619-2238	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Suzanne E Johnson, DO, FA-CEP	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dean Wilkerson Mailing Address 538 Rolling Hills Rd City State Zip Code Coppell TX 75019-4049 FEC ID number of contributing federal political committee. C Name of Employer Dean Wilkerson Occupation FEC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 07 / 14 / 2005 Transaction ID: 7985812 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Robert C Solomon Mailing Address 214 Briar Path City State Zip Code Imperial PA 15126-9686 FEC ID number of contributing federal political committee. C Name of Employer East Ohio Reg Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 07 / 18 / 2005 Transaction ID: 8019551 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Margie D Ott Mailing Address 28585 Wildwood Pl City State Zip Code Sand Spgs OK 74083-6884 FEC ID number of contributing federal political committee. C Name of Employer Tulsa Regional Med Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 07 / 18 / 2005 Transaction ID: 8019582 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 170

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Thomas E Benzoni		Date of Receipt M / D / Y 07 / 18 / 2005	
Mailing Address 4343 Far Hills Rd		Transaction ID: 8348912	
City Sioux City	State IA	Zip Code 51104-1030	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mercy Med Ctr	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Dr. George Lester Darrow		Date of Receipt M / D / Y 07 / 20 / 2005	
Mailing Address 3888 Fox Run		Transaction ID: 8020058	
City Denver	State NC	Zip Code 28037-9167	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer Piedmont Emergency Med As- soc	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		
C. Full Name (Last, First, Middle Initial) Dr. Miguel H Rodriguez		Date of Receipt M / D / Y 07 / 25 / 2005	
Mailing Address 2637 Inverary Cove		Transaction ID: 8033861	
City Memphis	State TN	Zip Code 38119-7707	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Miguel H Rodriguez, MD	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional) ▶

775.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 170
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
 National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Loring N Andrews Mailing Address 50 Sagittarius Ct City State Zip Code Reno NV 89509-6888 FEC ID number of contributing federal political committee. C Name of Employer Loring N Andrews, MD, FAC-EP Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y 07 / 25 / 2005 Transaction ID: 8033862 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) Dr. Kevin John Gregg Mailing Address 102 Laurel Oak Trl City State Zip Code Simpsonville SC 29681-4735 FEC ID number of contributing federal political committee. C Name of Employer Allan Bennett Hosp Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 07 / 26 / 2005 Transaction ID: 8348876 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Lawrence M Stoelt Mailing Address 1511 18th St # 301 City State Zip Code Santa Monica CA 90404-3348 FEC ID number of contributing federal political committee. C Name of Employer Antelope Valley Hosp Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 550.00		Date of Receipt M / D / Y 07 / 26 / 2005 Transaction ID: 8033962 Amount of Each Receipt this Period 50.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 170

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Alexander Max Rosenau		Date of Receipt M / D / Y 07 / 27 / 2005	
Mailing Address 1140 N Broad St		Transaction ID: 8502951	
City Allentown	State PA	Zip Code 18104-2812	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lehigh Valley Hosp	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Dr. Dennis DeJulius		Date of Receipt M / D / Y 07 / 27 / 2005	
Mailing Address 2037 Old Forge Rd		Transaction ID: 8348884	
City Kent	State OH	Zip Code 44240-6744	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Akron City Hosp	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Dr. Dolores Bailey		Date of Receipt M / D / Y 07 / 27 / 2005	
Mailing Address 25 Pizarro Ave		Transaction ID: 8348883	
City Rancho Viejo	State TX	Zip Code 76575-9633	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Valley Baptist Med Ctr	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00		

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)
 or each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 170
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
 National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Austin William Burgess Mailing Address 236 Seatrace Ln City State Zip Code Newport NC 28570-6408 FEC ID number of contributing federal political committee. C Name of Employer Carteret General Hosp Receipt For: Primary General Other (specify) ▼		Date of Receipt M / D / Y 07 / 27 / 2005 Transaction ID: 8034922 Amount of Each Receipt this Period 300.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 300.00	
B. Full Name (Last, First, Middle Initial) Dr. Chip Harris Fawkes Mailing Address 108 Mummet Cir City State Zip Code Winchester VA 22601-2856 FEC ID number of contributing federal political committee. C Name of Employer Winchester Medical Center ED Receipt For: Primary General Other (specify) ▼		Date of Receipt M / D / Y 07 / 28 / 2005 Transaction ID: 8348892 Amount of Each Receipt this Period 50.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) Dr. Todd A Rogers Mailing Address 102 Craborchard Pl City State Zip Code Chapel Hill NC 27514-9553 FEC ID number of contributing federal political committee. C Name of Employer Durham Emer Phys PA Receipt For: Primary General Other (specify) ▼		Date of Receipt M / D / Y 07 / 30 / 2005 Transaction ID: 8505883 Amount of Each Receipt this Period 250.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 170
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. David Mason Mailing Address 930 Gracie Way City State Zip Code Charlotte NC 28204-3000 FEC ID number of contributing federal political committee. C Name of Employer PEMA Receipt For: Primary General Other (specify) ▼		Date of Receipt M / D / Y 07 / 30 / 2005 Transaction ID: 8977297 Amount of Each Receipt this Period 200.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 300.00	
B. Full Name (Last, First, Middle Initial) Dr. Carter D Hill Mailing Address 8805 SE 32nd St City State Zip Code Mercer Island WA 98040-2555 FEC ID number of contributing federal political committee. C Name of Employer Holland American & Windster Receipt For: Primary General Other (specify) ▼		Date of Receipt M / D / Y 08 / 01 / 2005 Transaction ID: 8986513 Amount of Each Receipt this Period 50.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) Dr. Matt D Bush Mailing Address 2824 Milton Ave City State Zip Code Dallas TX 75205-1523 FEC ID number of contributing federal political committee. C Name of Employer Medical City Dallas Receipt For: Primary General Other (specify) ▼		Date of Receipt M / D / Y 08 / 01 / 2005 Transaction ID: 8505719 Amount of Each Receipt this Period 50.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	

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)
 or each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 170
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
 National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Diane Paratore			Date of Receipt M / D / Y 08 / 01 / 2005	
Mailing Address 1737 Sheffield Rd			Transaction ID: 8505713	
City	State	Zip Code	Amount of Each Receipt this Period	
Birmingham	MI	48009-7224	50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Botsford Gen Hosp		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		
B. Full Name (Last, First, Middle Initial) Dr. Vivien Newbold			Date of Receipt M / D / Y 08 / 03 / 2005	
Mailing Address 509 Graham School Rd			Transaction ID: 8505691	
City	State	Zip Code	Amount of Each Receipt this Period	
Gallipolis	OH	45631-8811	250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Vivien Newbold, MD, FACEP		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Dr. Kevin Q Maxey			Date of Receipt M / D / Y 08 / 03 / 2005	
Mailing Address 4716 E 3rd St			Transaction ID: 8505680	
City	State	Zip Code	Amount of Each Receipt this Period	
Tucson	AZ	85711-1241	500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Kevin Q Maxey, MD		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 865.00		

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 170

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Jeffrey Alan Joseph Mailing Address 14855 Tyler Mill Ct City State Zip Code Haymarket VA 20169-2628 FEC ID number of contributing federal political committee. C Name of Employer Jeffrey Alan Joseph, DO, FACEP Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 08 08 2005 Transaction ID: 8533801 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Christine M Duranseau Mailing Address 7 Vista Ridge City State Zip Code Galena IL 61036-9251 FEC ID number of contributing federal political committee. C Name of Employer Southwest Hth Ctr Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 415.00		Date of Receipt M M / D D / Y Y Y Y 08 08 2005 Transaction ID: 8533802 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. Kathleen Cowling Mailing Address 3400 Midland Rd City State Zip Code Saginaw MI 48603-9634 FEC ID number of contributing federal political committee. C Name of Employer Covenant Healthcare Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 08 08 2005 Transaction ID: 8533741 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶

1300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Linda L Lawrence Mailing Address 3397 Pebble Beach Ct City State Zip Code Fairfield CA 94534-8308 FEC ID number of contributing federal political committee. C Name of Employer 60 MDG/SGH Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 08 10 2005 Transaction ID: 8977281 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. David M Siegel Mailing Address 706 Promenade Pl City State Zip Code Tampa FL 33602-5802 FEC ID number of contributing federal political committee. C Name of Employer David M Siegel, MD JD FAC-EP Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 08 10 2005 Transaction ID: 8166786 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Steven Joseph Stack Mailing Address 3676 Walnut Grove Rd City State Zip Code Memphis TN 38111-6820 FEC ID number of contributing federal political committee. C Name of Employer Baptist Mem Hosp ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 08 11 2005 Transaction ID: 8166789 Amount of Each Receipt this Period 700.00

SUBTOTAL of Receipts This Page (optional) 2700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Arlo F Welge		Date of Receipt M / D / Y 08 / 11 / 2005	
Mailing Address 5213 Valerie St		Transaction ID: 8533641	
City Bellaire	State TX	Zip Code 77401-4826	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer UT Med School Houston	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Dr. William Basil Falagi		Date of Receipt M / D / Y 08 / 11 / 2005	
Mailing Address 731 Red Lion Way		Transaction ID: 8166781	
City Bridgewater	State NJ	Zip Code 08807-1668	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Morristown Mem Hosp ED	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) Dr. Ralph Korny		Date of Receipt M / D / Y 08 / 12 / 2005	
Mailing Address 37748 Amber Dr		Transaction ID: 8533728	
City Farmington Hill	State MI	Zip Code 48331-1168	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Huron Valley Sinai Hosp	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) 2150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. David M Siegel Mailing Address 706 Promenade Pl City State Zip Code Tampa FL 33602-5802 FEC ID number of contributing federal political committee. C Name of Employer David M Siegel, MD JD FAC-EP Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M / D / Y 08 / 12 / 2005 Transaction ID: 8533844 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) Dr. Ronald C Forgay Mailing Address 2354 Panorama Dr City State Zip Code La Crescenta CA 91214-3043 FEC ID number of contributing federal political committee. C Name of Employer Memorial Medical Center ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y 08 / 12 / 2005 Transaction ID: 8533846 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dean Wilkerson Mailing Address 538 Rolling Hills Rd City State Zip Code Coppell TX 75019-4049 FEC ID number of contributing federal political committee. C Name of Employer Dean Wilkerson Occupation FEC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M / D / Y 08 / 12 / 2005 Transaction ID: 8533727 Amount of Each Receipt this Period 500.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Margie D Ott Mailing Address 28865 Wildwood Pl City Sand Spgs State OK Zip Code 74063-6864 FEC ID number of contributing federal political committee. C Name of Employer: Tulsa Regional Med Ctr Occupation: Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 08 15 2005 Transaction ID: 8976967 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Annette Raquel Nathan Mailing Address 2899 Killkenny Ct City Springfield State OH Zip Code 45503-1164 FEC ID number of contributing federal political committee. C Name of Employer: Community Hosp Occupation: Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		Date of Receipt M M / D D / Y Y Y Y 08 15 2005 Transaction ID: 8976969 Amount of Each Receipt this Period 200.00
C. Full Name (Last, First, Middle Initial) Dr. Sandra M Schneider Mailing Address 25 Stoneham Rd City Rochester State NY Zip Code 14625-1512 FEC ID number of contributing federal political committee. C Name of Employer: Univ of Rochester Sch of Med Occupation: Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 08 15 2005 Transaction ID: B186782 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) **1450.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Chin Chung Tang Mailing Address 100 Lordvale Blvd City State Zip Code N Grafton MA 01536-1169 FEC ID number of contributing federal political committee. C Name of Employer UMass Intern Med Ctr Jaquith 2 Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt m / d / y 08 / 15 / 2005 Transaction ID: 8976968 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Dr. Gerald A Snyder Mailing Address 1960 Highlawn Rd City State Zip Code Decatur IL 62521-9410 FEC ID number of contributing federal political committee. C Name of Employer Decatur Mem Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt m / d / y 08 / 15 / 2005 Transaction ID: 8977011 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. Gayla Beth Garner Mailing Address 8250 Winscott Plover City State Zip Code Fort Worth TX 76120-9410 FEC ID number of contributing federal political committee. C Name of Employer Gayla Beth Garner, MD Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt m / d / y 08 / 16 / 2005 Transaction ID: 8977012 Amount of Each Receipt this Period 50.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Bruce Alan MacLeod Mailing Address 1515 Mohican Dr City State Zip Code Pittsburgh PA 15228-1615 FEC ID number of contributing federal political committee. C Name of Employer Mercy Hosp ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 08 17 2005 Transaction ID: 8977256 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Carl H Schultz Mailing Address 13785 Bald Cypress Cir City State Zip Code Fort Myers FL 33907-1843 FEC ID number of contributing federal political committee. C Name of Employer Cape Coral Hosp ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 08 17 2005 Transaction ID: 8102789 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Angela F Gardner Mailing Address 1914 Fair Field Dr City State Zip Code Grapevine TX 76051-7100 FEC ID number of contributing federal political committee. C Name of Employer Medical Ctr of Plano Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 08 18 2005 Transaction ID: 8983579 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Gary S Rudolph Mailing Address 200 Bay Ave City State Zip Code Huntington NY 11743-1136 FEC ID number of contributing federal political committee. C Name of Employer North Shore Univ Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 08 10 2005 Transaction ID: 9168910 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Marjorie B Barron Mailing Address 1504 Kensington Drive City State Zip Code Knoxville TN 37922-6040 FEC ID number of contributing federal political committee. C Name of Employer St Marys Hospital Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y 08 20 2005 Transaction ID: 9102769 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. Todd Brian Taylor Mailing Address 1323 East El Parque Dr City State Zip Code Tempe AZ 85282-2649 FEC ID number of contributing federal political committee. C Name of Employer Emerg Prof Serv 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 08 23 2005 Transaction ID: 9159749 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Keny AF Dean			Date of Receipt M / D / Y 08 / 25 / 2005	
Mailing Address 2337 Dolphin Ct			Transaction ID: 9108443	
City	State	Zip Code	Amount of Each Receipt this Period	
Henderson	NV	89074-5320	50.00	
FEC ID number of contributing federal political committee.				
C				
Name of Employer Sunrise Hospital Humana		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Dr. George J Miller, III			Date of Receipt M / D / Y 08 / 29 / 2005	
Mailing Address 16939 Blue Heron Dr			Transaction ID: 9158566	
City	State	Zip Code	Amount of Each Receipt this Period	
Orland Park	IL	60467-5496	50.00	
FEC ID number of contributing federal political committee.				
C				
Name of Employer South Suburban Hosp		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		
C. Full Name (Last, First, Middle Initial) Dr. Kenneth P Schultheis			Date of Receipt M / D / Y 08 / 31 / 2005	
Mailing Address 3101 Fleur Dr			Transaction ID: 9159142	
City	State	Zip Code	Amount of Each Receipt this Period	
Des Moines	IA	50321-1709	500.00	
FEC ID number of contributing federal political committee.				
C				
Name of Employer Acute Care Inc		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Emil B-Shammas 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 ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 09 01 2005 Transaction ID: 9172681 Amount of Each Receipt this Period 450.00
B. Full Name (Last, First, Middle Initial) Dr. Alice C Finnell Mailing Address 109 Basswood Ct City State Zip Code Chapel Hill NC 27514-1610 FEC ID number of contributing federal political committee. C Name of Employer Alamance 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 09 01 2005 Transaction ID: 9188114 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. Matt Thierher Mailing Address 237 Bayshore Dr City State Zip Code Hendersonville TN 37075-4804 FEC ID number of contributing federal political committee. C Name of Employer Horizon 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 09 01 2005 Transaction ID: 9172621 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)
 or each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Bruce S Auerbach Mailing Address 8 Saddle Club Rd City Lexington State MA Zip Code 02420-2115 FEC ID number of contributing federal political committee. C Name of Employer Sturdy Mem Hosp Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M / D / Y 09 / 02 / 2005 Transaction ID: 9175954 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Bruce Nicklos Hughes Mailing Address 70619 Hilltop Rd City Union State MI Zip Code 49130-9716 FEC ID number of contributing federal political committee. C Name of Employer Bruce Nicklos Hughes, MD Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y 09 / 06 / 2005 Transaction ID: 9185507 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. James Michael Gualick Mailing Address 10309 E Lake Dr City Englewood State CO Zip Code 80111-5499 FEC ID number of contributing federal political committee. C Name of Employer National Medical Director AMR Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M / D / Y 09 / 08 / 2005 Transaction ID: 9172805 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Mary Jo Wagner Mailing Address 5425 Nottingham N City State Zip Code Saginaw MI 48603-2821 FEC ID number of contributing federal political committee. C Name of Employer Synergy Med Education Alliance Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M M / D D / Y Y Y Y 09 09 2005 Transaction ID: 9196966 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Susan Marlow Mailing Address 5854 Arborview Ct City State Zip Code West Bloomfield MI 48322-1304 FEC ID number of contributing federal political committee. C Name of Employer Emerg Med Specialists Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 09 11 2005 Transaction ID: 9196966 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Vivien Newbold Mailing Address 509 Graham School Rd City State Zip Code Gallipolis OH 45631-0811 FEC ID number of contributing federal political committee. C Name of Employer Vivien Newbold, MD, FACEP Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 09 14 2005 Transaction ID: B232182 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. George E Long Mailing Address 2185 E Greenleaf Dr City State Zip Code Frederick MD 21702-2610 FEC ID number of contributing federal political committee. C Name of Employer Washington Co Emerg Phys Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 09 14 2005 Transaction ID: 9232181 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) Dr. Bruce Alan MacLeod Mailing Address 1515 Mohican Dr City State Zip Code Pittsburgh PA 15228-1615 FEC ID number of contributing federal political committee. C Name of Employer Mercy Hosp ED Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 09 15 2005 Transaction ID: 9234483 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr Gordon Wheeler Mailing Address ACEP 2121 K St NW Ste 325 City State Zip Code Washington DC 20037-1888 FEC ID number of contributing federal political committee. C Name of Employer Gordon Wheeler Occupation FEC Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 09 19 2005 Transaction ID: 9899858 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Raymond F Regan Mailing Address 720 Campwoods Rd City State Zip Code Villanova PA 19085-1029 FEC ID number of contributing federal political committee. C Name of Employer Thomas Jefferson Univ Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 415.00		Date of Receipt M / D / Y 09 / 20 / 2005 Transaction ID: 9979228 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) Dr. J Brian Hancock Mailing Address 4827 Pebworth Pl City State Zip Code Saginaw MI 48603-9306 FEC ID number of contributing federal political committee. C Name of Employer Sterling Healthcare Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M / D / Y 09 / 20 / 2005 Transaction ID: 9999558 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. George Lester Darrow Mailing Address 3858 Fox Run City State Zip Code Denver NC 28037-9167 FEC ID number of contributing federal political committee. C Name of Employer Piedmont Emergency Med As- soc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 09 / 21 / 2005 Transaction ID: 9979220 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ▶

1175.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Hugh F Hill III Mailing Address 6915 Radnor Rd City State Zip Code Bethesda MD 20817-6328 FEC ID number of contributing federal political committee. C Name of Employer John Hopkins Bayview Dept EM Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 09 21 2005 Transaction ID: 9979258 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Deborah Ruth Cintron Mailing Address PO Box 1662 City State Zip Code Houma LA 70361-1662 FEC ID number of contributing federal political committee. C Name of Employer Deborah Ruth Cintron, MD Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 415.00		Date of Receipt M M / D D / Y Y Y Y 09 21 2005 Transaction ID: 9979224 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. Dana Bold Mailing Address 3341 Single Peak City State Zip Code San Antonio TX 78261-1817 FEC ID number of contributing federal political committee. C Name of Employer Fort Duncan Med Ctr Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 22 2005 Transaction ID: 9979273 Amount of Each Receipt this Period 250.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Michael R Baumann Mailing Address 16 Golden Rod Ln City State Zip Code Falmouth ME 04105-2832 FEC ID number of contributing federal political committee. C Name of Employer Maine Med Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M / D / Y 09 / 22 / 2005 Transaction ID: 9982557 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Chris J Andershoek Mailing Address 1585 N Pisgah Rd City State Zip Code Cordova TN 38016-5419 FEC ID number of contributing federal political committee. C Name of Employer Baptist Memorial Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 09 / 24 / 2005 Transaction ID: 10272864 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Charles F Pattavina Mailing Address Univ Emer Med Fdn 184 Summit Ave City State Zip Code Providence RI 02508-2853 FEC ID number of contributing federal political committee. C Name of Employer Univ Emer Med Fdn Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 09 / 24 / 2005 Transaction ID: 10272851 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶

1750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. S Scott Polsky Mailing Address 5735 Whispering Trl City State Zip Code Galena OH 43021-8049 FEC ID number of contributing federal political committee. C Name of Employer S Scott Polsky, MD, FACEP 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 09 24 2005 Transaction ID: 10272971 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Sharon E Mace Mailing Address 11981 Laurel Rd City State Zip Code Chesterland OH 44026-1757 FEC ID number of contributing federal political committee. C Name of Employer Cleveland Clinic ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10273022 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Virgil W Smeltz Mailing Address 36 Pinnacle Dr City State Zip Code Charleston WV 25311-1315 FEC ID number of contributing federal political committee. C Name of Employer Thomas Mem Hosp EMP of Ka- nawha Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10272844 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 170

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. John Hannon Proctor Mailing Address 320 Old Hickory Blvd #1200 City State Zip Code Nashville TN 37221-1310 FEC ID number of contributing federal political committee. C Name of Employer Columbia Southern Hls Med Ctr Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10251948 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Andrea L Green Mailing Address 5 Twin Springs Dr City State Zip Code Arlington TX 76016-4027 FEC ID number of contributing federal political committee. C Name of Employer Do Not Change Home Address Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10272843 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Ludvikas Jagminas Mailing Address 60 Limerock Dr City State Zip Code E Greenwich RI 02818-1643 FEC ID number of contributing federal political committee. C Name of Employer Emerg Dept Mem Hosp of RI Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10273030 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ▶

950.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. John Skindzielewski Mailing Address 1325 Red Ln City State Zip Code Danville PA 17821-8416 FEC ID number of contributing federal political committee. C Name of Employer Gelsinger Medical Center Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 09 / 24 / 2005 Transaction ID: 10273021 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Steven Statts Mailing Address 310 Townhall Rd City State Zip Code Metamora IL 61548-9587 FEC ID number of contributing federal political committee. C Name of Employer Steven Statts, MD Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y 09 / 24 / 2005 Transaction ID: 10272873 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Kelly Foley Mailing Address 1133 Pond Cypress Dr City State Zip Code Virginia Bch VA 23455-6859 FEC ID number of contributing federal political committee. C Name of Employer Emergency Phys of Tidewater Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y 09 / 24 / 2005 Transaction ID: 10272845 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 170

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Marilyn Joan Heine Mailing Address 900 Twining Rd City State Zip Code Dresher PA 19025-1726 FEC ID number of contributing federal political committee. C Name of Employer Mercy Suburban Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M / D / Y 09 / 24 / 2005 Transaction ID: 10272967 Amount of Each Receipt this Period 750.00
B. Full Name (Last, First, Middle Initial) Dr. Christine M Duranseau Mailing Address 7 Vista Ridge City State Zip Code Galena IL 61036-9251 FEC ID number of contributing federal political committee. C Name of Employer Southwest Hth Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 09 / 24 / 2005 Transaction ID: 10272963 Amount of Each Receipt this Period 85.00
C. Full Name (Last, First, Middle Initial) Dr. Beverly H Bauman Mailing Address 2174 NW Aspen Ave City State Zip Code Portland OR 97210-1217 FEC ID number of contributing federal political committee. C Name of Employer OHSU Dept of EM UHN 52 Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 09 / 24 / 2005 Transaction ID: 10272832 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶

1335.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Lawrence A Melniker Mailing Address 219 E 11th St # PH City State Zip Code New York NY 10003-7302 FEC ID number of contributing federal political committee. C Name of Employer NY Meth Hosp ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10273020 Amount of Each Receipt this Period 750.00
B. Full Name (Last, First, Middle Initial) Dr. Louise A Prince Mailing Address 1700 North Rd City State Zip Code Tully NY 13158-9450 FEC ID number of contributing federal political committee. C Name of Employer SUNY Upstate Med Univ 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 09 24 2005 Transaction ID: 10273025 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Andrew Sama Mailing Address 253 Dover Rd City State Zip Code Manhasset NY 11030-3709 FEC ID number of contributing federal political committee. C Name of Employer North Shore Univ Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10251848 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) 1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Russell H Harris Mailing Address 5829 Wissahickon Ave City Philadelphia State PA Zip Code 19144-4446 FEC ID number of contributing federal political committee. C Name of Employer EmCare Inc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2005 Transaction ID: 10272968 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. John Andrew Brennan Mailing Address 3 Castle Ct City Randolph State NJ Zip Code 07069-2022 FEC ID number of contributing federal political committee. C Name of Employer St Barnabas 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 09 / 24 / 2005 Transaction ID: 10272830 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Thomas Roland Magill Mailing Address 3304 Winnipeg Dr City Bismarck State ND Zip Code 58503-0455 FEC ID number of contributing federal political committee. C Name of Employer St Alexis 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 09 / 24 / 2005 Transaction ID: 10273024 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ►

1750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. John W Jernyn Mailing Address 1116 Charm Villa #B City State Zip Code Jefferson City MO 65109-0364 FEC ID number of contributing federal political committee. C Name of Employer John W Jernyn, DO, FACEP Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10272835 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Barry Dean Spoon Mailing Address 2304 N Farm Rd 97 City State Zip Code Springfield MO 65802-9369 FEC ID number of contributing federal political committee. C Name of Employer St Johns Reg Hth 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 09 24 2005 Transaction ID: 10272859 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. John S Milne Mailing Address 530 Wilderness Peak Dr NW City State Zip Code Issaquah WA 98027-5621 FEC ID number of contributing federal political committee. C Name of Employer John S Milne, 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 09 24 2005 Transaction ID: 10272850 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Daniel G Hankins Mailing Address 9652 55th Ave NW City State Zip Code Oronoco MN 55060-2218 FEC ID number of contributing federal political committee. C Name of Employer Mayo Clinic Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10272970 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Brooks F Beck Mailing Address 5764 Bloomfield Glens City State Zip Code W Bloomfield MI 48322-2501 FEC ID number of contributing federal political committee. C Name of Employer Harper Univ Hosp Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10251849 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. James C Mitchiner Mailing Address 1265 Barnister Rd City State Zip Code Ann Arbor MI 48105-2821 FEC ID number of contributing federal political committee. C Name of Employer St Joseph Mercy Hosp ED Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10273019 Amount of Each Receipt this Period 750.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Robert T Malinowski Mailing Address 660 Norborne Ave City State Zip Code Dearborn Hts MI 48127-3707 FEC ID number of contributing federal political committee. C Name of Employer Sinai Grace Hosp Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10273018 Amount of Each Receipt this Period 1000.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) Dr. Pamela P Bersen Mailing Address 120 N Fork Dr City State Zip Code Anderson SC 29621-4321 FEC ID number of contributing federal political committee. C Name of Employer MEP Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10272833 Amount of Each Receipt this Period 280.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 1400.00	
C. Full Name (Last, First, Middle Initial) Dr. J Andrew Sumner Mailing Address 9708 Kenmore Dr City State Zip Code Kensington MD 20855-3231 FEC ID number of contributing federal political committee. C Name of Employer Sibley Mem Hosp ED Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10273023 Amount of Each Receipt this Period 250.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) 1530.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Susan W Owens Mailing Address PO Box 250 City State Zip Code Glenelg MD 21737-0250 FEC ID number of contributing federal political committee. C Name of Employer: Geo Washington Univ Hosp MFA Receipt For: Primary General Other (specify) ▼ Occupation: Emergency Physician Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10272969 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Mary C Burke Mailing Address 14 Birchwood Dr City State Zip Code Southboro MA 01772-1646 FEC ID number of contributing federal political committee. C Name of Employer: Milford Whitinsville Reg Hosp Receipt For: Primary General Other (specify) ▼ Occupation: Emergency Physician Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10272961 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Michael D Bishop Mailing Address PO Box 314B City State Zip Code Bloomington IN 47402-314B FEC ID number of contributing federal political committee. C Name of Employer: Unity Phys Grp PC Receipt For: Primary General Other (specify) ▼ Occupation: Emergency Physician Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10272962 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. William D Fako Mailing Address 209 54th St Apt 3A City State Zip Code Kenosha WI 53140-6501 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 ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10273026 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Deborah E Weber Mailing Address 1420 Shawnee Trl City State Zip Code Riverwood IL 60015-1631 FEC ID number of contributing federal political committee. C Name of Employer Lutheran Gen Hosp ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10272863 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Gary Thomas Hermann Mailing Address 1650 S Sky Ridge Dr City State Zip Code West Des Moines IA 50266-3812 FEC ID number of contributing federal political committee. C Name of Employer Acute Care Inc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10272834 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. David S McClellan Mailing Address 311 W Wilson Ave City State Zip Code Spokane WA 99208-7224 FEC ID number of contributing federal political committee. C Name of Employer Sacred Heart 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 09 24 2005 Transaction ID: 10272972 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Jorge Lopez-Ferrer Mailing Address 1478 Chippewa Ln City State Zip Code Geneva FL 32732-9183 FEC ID number of contributing federal political committee. C Name of Employer Florida Emerg Phys Kang & Asso Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10272960 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Victor E Friedman Mailing Address 13081 Water Point Blvd City State Zip Code Windermere FL 34788-5818 FEC ID number of contributing federal political committee. C Name of Employer Florida Emerg Phys Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10272965 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Fred Foster Tiden Mailing Address 36 Bainbridge Rd City State Zip Code W Hartford CT 06119-1145 FEC ID number of contributing federal political committee. C Name of Employer Midstate 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 09 24 2005 Transaction ID: 10272847 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Dr. David E Wilcox Mailing Address 57 Highwood Dr City State Zip Code S Glastonbury CT 06073-2907 FEC ID number of contributing federal political committee. C Name of Employer David E Wilcox MD, FACEP Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10272866 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Robert Craig Rosenbloom Mailing Address PO Box 5101 City State Zip Code Culver City CA 90231-5101 FEC ID number of contributing federal political committee. C Name of Employer California Emerg Phys Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 09 24 2005 Transaction ID: 10272848 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Sarah McCullough Mailing Address 3304 Winnipeg Dr City State Zip Code Bismarck ND 58503-0455 FEC ID number of contributing federal political committee. C Name of Employer St Aedus Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y 09 / 24 / 2005 Transaction ID: 10251947 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Fred Dennis Mailing Address 22287 Mullholland Dr Ste 187 City State Zip Code Calabasas CA 91302-5157 FEC ID number of contributing federal political committee. C Name of Employer e-MSO Proven Solutions Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 312.50		Date of Receipt M / D / Y 09 / 24 / 2005 Transaction ID: 10251904 Amount of Each Receipt this Period 312.50
C. Full Name (Last, First, Middle Initial) Dr. Ramon W Johnson Mailing Address 26621 La Alameda # 3222 City State Zip Code Mission Viejo CA 92691-7374 FEC ID number of contributing federal political committee. C Name of Employer Mission Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M / D / Y 09 / 24 / 2005 Transaction ID: 10272831 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶

1582.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Anna L Webster Mailing Address 6 Mallard Rd City State Zip Code Bel Tiburon CA 94820-2322 FEC ID number of contributing federal political committee. C Name of Employer Anna L Webster, MD, FACEP Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y 09 / 24 / 2005 Transaction ID: 10273032 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Dr. Michael C Christopher Mailing Address 5819 E Orange Blossom Ln City State Zip Code Phoenix AZ 85018-6730 FEC ID number of contributing federal political committee. C Name of Employer St Josephs Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 615.00		Date of Receipt M / D / Y 09 / 24 / 2005 Transaction ID: 10251803 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Paul F Robinson Mailing Address 6 Woodberry Ct City State Zip Code Little Rock AR 72212-2740 FEC ID number of contributing federal political committee. C Name of Employer EMUrgent Care Management PLLC Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M / D / Y 09 / 25 / 2005 Transaction ID: 10272858 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Theodore A Christopher		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2005	
Mailing Address Thos Jefferson Univ Hosp ED 1020 Sanson St #239 Thompson		Transaction ID: 10272993	
City Philadelphia	State PA	Zip Code 19107-5002	Amount of Each Receipt this Period 850.00
FEC ID number of contributing federal political committee. C			
Name of Employer Thos Jefferson Univ Hosp ED	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Dr. John C Moorhead		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2005	
Mailing Address 4138 SW Hamilton Ter		Transaction ID: 10272866	
City Portland	State OR	Zip Code 97239-4110	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Oregon Hlth Sci Univ CDWW-EM	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) Dr. Scott E Fatten		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2005	
Mailing Address 1831 Wiltshire Rd		Transaction ID: 10272858	
City Akron	State OH	Zip Code 44313-6101	Amount of Each Receipt this Period 1000.00
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 ▼ 1050.00		

SUBTOTAL of Receipts This Page (optional) ►

2850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Sharon E Mace Mailing Address 11961 Laurel Rd City State Zip Code Chesterland OH 44026-1757 FEC ID number of contributing federal political committee. C Name of Employer Cleveland Clinic ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M / D / Y 09 / 25 / 2005 Transaction ID: 10272994 Amount of Each Receipt this Period 750.00
B. Full Name (Last, First, Middle Initial) Dr. Ashley E Booth Mailing Address 3815 Riverside Ave City State Zip Code Jacksonville FL 32205-9336 FEC ID number of contributing federal political committee. C Name of Employer Shands Jacksonville ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y 09 / 25 / 2005 Transaction ID: 10272858 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Connie E Leht Mailing Address 9725 Burke View Ct City State Zip Code Burke VA 22015-3009 FEC ID number of contributing federal political committee. C Name of Employer Alexandria Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 09 / 25 / 2005 Transaction ID: 10272851 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Arlo F Welge Mailing Address 5213 Valerie St City State Zip Code Bellaire TX 77401-4826 FEC ID number of contributing federal political committee. C Name of Employer UT Med School Houston Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10273015 Amount of Each Receipt this Period 25.00	
B. Full Name (Last, First, Middle Initial) Dr. Richard M McDowell Mailing Address 75-816 #D Hiona St City State Zip Code Honolulu HI 96725-9601 FEC ID number of contributing federal political committee. C Name of Employer Island Emer Med Svc Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272850 Amount of Each Receipt this Period 500.00	
C. Full Name (Last, First, Middle Initial) Dr. Douglas F Kupes Mailing Address 209 Abbey Rd City State Zip Code Danville PA 17821-8422 FEC ID number of contributing federal political committee. C Name of Employer Geisinger Med Ctr ED Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272845 Amount of Each Receipt this Period 250.00	

SUBTOTAL of Receipts This Page (optional) 775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Bruce Alan MacLeod Mailing Address 1515 Mohican Dr City State Zip Code Pittsburgh PA 15228-1615 FEC ID number of contributing federal political committee. C Name of Employer Mercy Hosp ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272995 Amount of Each Receipt this Period 750.00
B. Full Name (Last, First, Middle Initial) Dr. James R. Dudley Mailing Address PO Box 488 City State Zip Code Gloucester VA 23061-0488 FEC ID number of contributing federal political committee. C Name of Employer Riverside Tappahannock Ho- sp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272857 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Dr. Christopher W. Fallon Mailing Address W 143 N 5265 St Andrews Ct City State Zip Code Menomonee Falls WI 53051-6831 FEC ID number of contributing federal political committee. C Name of Employer Infinity HealthCare Inc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272892 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Sabine A Brathwaite		Date of Receipt M / D / Y 09 / 25 / 2005	
Mailing Address PO Box 290		Transaction ID: 10272874	
City Ivy	State VA	Zip Code 22845-0290	Amount of Each Receipt this Period 225.00
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of VA ED		Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	
B. Full Name (Last, First, Middle Initial) Dr. Stuart Gary Kessler		Date of Receipt M / D / Y 09 / 25 / 2005	
Mailing Address 3D Crossridge Cir		Transaction ID: 10251913	
City Marlboro	State NJ	Zip Code 07746-1863	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Elmhurst Hosp Ctr, ED		Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Dr. Theodore J Goets		Date of Receipt M / D / Y 09 / 25 / 2005	
Mailing Address 798 Lake St		Transaction ID: 10272854	
City W Harrison	State NY	Zip Code 10804-1803	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer NY Meth Hosp		Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional) ▶

1225.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. John B McCabe Mailing Address 4447 Swissvale Dr City State Zip Code Manlius NY 13104-9561 FEC ID number of contributing federal political committee. C Name of Employer SUNY Upstate Medical Univ Receipt For: Primary General Other (specify) ▼		Date of Receipt M / D / Y 09 / 25 / 2005 Transaction ID: 10272997 Amount of Each Receipt this Period 250.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) Dr. George W Malzen Mailing Address 11 Grasslands Tr City State Zip Code Santa Fe NM 87508-1316 FEC ID number of contributing federal political committee. C Name of Employer Albuquerque Emerg Med Ass- oc Receipt For: Primary General Other (specify) ▼		Date of Receipt M / D / Y 09 / 25 / 2005 Transaction ID: 10272871 Amount of Each Receipt this Period 500.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Dr. Jay Kaplan Mailing Address 300 Oak Ave City State Zip Code San Anselmo CA 94580-2703 FEC ID number of contributing federal political committee. C Name of Employer CA Emerg Phys Med Grp Receipt For: Primary General Other (specify) ▼		Date of Receipt M / D / Y 09 / 25 / 2005 Transaction ID: 10253848 Amount of Each Receipt this Period 85.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 235.00	

SUBTOTAL of Receipts This Page (optional) 835.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Michael Joseph Gerard Mailing Address 29 Heritage Ct City State Zip Code Randolph NJ 07869-3534 FEC ID number of contributing federal political committee. C Name of Employer Emergency Medical Associates Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 287.50		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272856 Amount of Each Receipt this Period 112.50
B. Full Name (Last, First, Middle Initial) Dr. Gregory Conway Risk Mailing Address 113 Arbon Ln City State Zip Code New Bern NC 28562-8729 FEC ID number of contributing federal political committee. C Name of Employer Craven Reg Med Ctr ED Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272896 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Jon Robert Krohmer Mailing Address 1887 Middle Ground Dr SE City State Zip Code Grand Rapids MI 49548-8215 FEC ID number of contributing federal political committee. C Name of Employer Spectrum Hlth Buttenworth Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272891 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶

1612.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Dennis C Whitehead Mailing Address W9040 Peavy Falls Rd City State Zip Code Iron Mountain MI 49801-8824 FEC ID number of contributing federal political committee. C Name of Employer Dickinson County Memorial Hosp Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272873 Amount of Each Receipt this Period 250.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) Dr. David T Ovarton Mailing Address 2012 Timberview Dr City State Zip Code Okemos MI 48864-5568 FEC ID number of contributing federal political committee. C Name of Employer MSU/KCMS Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272889 Amount of Each Receipt this Period 350.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 350.00	
C. Full Name (Last, First, Middle Initial) Dr. David T Ovarton Mailing Address 2012 Timberview Dr City State Zip Code Okemos MI 48864-5568 FEC ID number of contributing federal political committee. C Name of Employer MSU/KCMS Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10273005 Amount of Each Receipt this Period 100.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Gregory Link Walker Mailing Address 345 Broken Hills City State Zip Code Mason MI 48854-8803 FEC ID number of contributing federal political committee. C Name of Employer Edward W Sparrow Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y 09 / 25 / 2005 Transaction ID: 10273000 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Dr. Joseph S Fastow Mailing Address 7800 Wisconsin Ave #408 City State Zip Code Bethesda MD 20814-3634 FEC ID number of contributing federal political committee. C Name of Employer Calvert Memorial Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1005.00		Date of Receipt M / D / Y 09 / 25 / 2005 Transaction ID: 10272868 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Royce Duane Coleman Mailing Address 12215 Bridgeway Ct City State Zip Code Sellersburg IN 47172-9872 FEC ID number of contributing federal political committee. C Name of Employer Univ of Louisville Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 09 / 25 / 2005 Transaction ID: 10272870 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶

1700.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Raymond G Hart Mailing Address 706 Colonel Anderson Pkwy City State Zip Code Louisville KY 40222-5578 FEC ID number of contributing federal political committee. C Name of Employer Kleinert Inst Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1125.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10251924 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. John Patrick McGoff Mailing Address 8255 Sycamore Hill City State Zip Code Indianapolis IN 46220-4328 FEC ID number of contributing federal political committee. C Name of Employer Medical Associates 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 09 25 2005 Transaction ID: 10272847 Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) Dr. John Agee Mailing Address 2507 Shannon Dr City State Zip Code Valparaiso IN 46383-2447 FEC ID number of contributing federal political committee. C Name of Employer Unity Phys Grp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272859 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. B P House Mailing Address 7641 Glacier Creek Dr # 92 City State Zip Code Roanoke IN 46783-9246 FEC ID number of contributing federal political committee. C Name of Employer Lutheran 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 09 25 2005 Transaction ID: 10272861 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. John W Graneto Mailing Address 2625 W Ardmore Ave City State Zip Code Chicago IL 60659-4911 FEC ID number of contributing federal political committee. C Name of Employer John W Graneto, DO, FACEP Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272860 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Carolyn Louise Zonka Mailing Address 330 Ravine Rd City State Zip Code Hinsdale IL 60521-3839 FEC ID number of contributing federal political committee. C Name of Employer Infinity HealthCare Inc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272848 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Carolyn Louise Zonia Mailing Address 330 Ravine Rd City State Zip Code Hinsdale IL 60521-3839 FEC ID number of contributing federal political committee. C Name of Employer Infinity HealthCare Inc Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10282491 Amount of Each Receipt this Period 50.00	
B. Full Name (Last, First, Middle Initial) Dr. Julio C Silva Mailing Address 1731 Baybrook Ln City State Zip Code Naperville IL 60564-6174 FEC ID number of contributing federal political committee. C Name of Employer Julio C Silva, MD, FACEP Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272854 Amount of Each Receipt this Period 250.00	
C. Full Name (Last, First, Middle Initial) Dr. Dino Peter Rumoro Mailing Address 26 W 381 Glen Eagles Dr City State Zip Code Winfield IL 60190-2313 FEC ID number of contributing federal political committee. C Name of Employer RushUniv Med Ctr Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272852 Amount of Each Receipt this Period 300.00	

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Dino Peter Rumoro Mailing Address 26 W 381 Glen Eagles Dr City State Zip Code Winfield IL 60180-2313 FEC ID number of contributing federal political committee. C Name of Employer RushUniv 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 09 25 2005 Transaction ID: 10272916 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Dr. Amy S Archer Uyanishi Mailing Address 21387 Prescott Ct City State Zip Code Kildeer IL 60047-8859 FEC ID number of contributing federal political committee. C Name of Employer Resurrection 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 09 25 2005 Transaction ID: 10272957 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Gal Glushak Mailing Address 1432 W Catalpa Ave City State Zip Code Chicago IL 60640-1212 FEC ID number of contributing federal political committee. C Name of Employer Univ of Chicago Hosp ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 271.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272833 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 170

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. George Z Hevesy Mailing Address 1177 N Byerly Hills Drive City State Zip Code East Peoria IL 61611-1283 FEC ID number of contributing federal political committee. C Name of Employer St Francis Medical Center Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272869 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Ronald G Thomas Mailing Address 1643 Galloway Dr City State Zip Code Inverness IL 60010-5747 FEC ID number of contributing federal political committee. C Name of Employer Northwest Comm Hosp Emerg Svc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272890 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. E Bradshaw Bunney Mailing Address 1115 Galway Ct City State Zip Code Northbrook IL 60062-4324 FEC ID number of contributing federal political committee. C Name of Employer Univ IL @ Chicago EM Dept Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272853 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. David George Gilley Mailing Address 2 Sugar Creek Ln City State Zip Code Waukegan IA 50263-8144 FEC ID number of contributing federal political committee. C Name of Employer Mercy Hosp Med Ctr ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M / D / Y 09 / 25 / 2005 Transaction ID: 10251916 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Dr. Susan Marie Nedea Mailing Address 812 S Clay St City State Zip Code Hinsdale IL 60521-4541 FEC ID number of contributing federal political committee. C Name of Employer CMS Chief Med Officer Reg Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M / D / Y 09 / 25 / 2005 Transaction ID: 10272855 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Marco Coppola Mailing Address 620 N Coppell Rd Apt 19D2 City State Zip Code Coppell TX 75019-2049 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 ▼ 500.00		Date of Receipt M / D / Y 09 / 25 / 2005 Transaction ID: 10272848 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ▶

1850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Stephen Eric Holbrook		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2005	
Mailing Address 2240 Kodiak Dr		Transaction ID: 10272998	
City Atlanta	State GA	Zip Code 30345-4152	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer DeKalb Medical Center	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Dr. Earl A Grubbs		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2005	
Mailing Address 375 High Bridge Chase		Transaction ID: 10251912	
City Alpharetta	State GA	Zip Code 30022-5512	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Emory Eastside Med Ctr	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		
C. Full Name (Last, First, Middle Initial) Dr. William W Colgate		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2005	
Mailing Address 4411 Bee Rdg Rd # 627		Transaction ID: 10272872	
City Sarasota	State FL	Zip Code 34233-2514	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer William W Colgate, MD, FA-CEP	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Arlen R Stauffer Mailing Address 230 Fairgreen Ave City State Zip Code New Smyrna Bch FL 32168-6192 FEC ID number of contributing federal political committee. C Name of Employer Bart Fish Medical Center Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272944 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Carla Elizabeth Murphy Mailing Address 1198 Preserve Cir City State Zip Code Golden CO 80401-7045 FEC ID number of contributing federal political committee. C Name of Employer Emerg Svc Phys PC Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272999 Amount of Each Receipt this Period 210.00
C. Full Name (Last, First, Middle Initial) Dr. David William Ross Mailing Address 15340 Raton Rd City State Zip Code Colorado Spgs CO 80921-2140 FEC ID number of contributing federal political committee. C Name of Employer Front EM Specialties Inc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272853 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶

710.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 170

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Louis G Gaff Mailing Address 130 Oakridge City State Zip Code Unionville CT 06085-1480 FEC ID number of contributing federal political committee. C Name of Employer New Britain General Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272867 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Scott Edward Rudkin Mailing Address 8731 E Boscona Ct City State Zip Code Orange CA 92667-6406 FEC ID number of contributing federal political committee. C Name of Employer Univ CA Irvine Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10253849 Amount of Each Receipt this Period 200.00
C. Full Name (Last, First, Middle Initial) Dr. Lori Weichenenthal Mailing Address 387 W Jordan Ave City State Zip Code Clovis CA 93611-7182 FEC ID number of contributing federal political committee. C Name of Employer Univ Med Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10272849 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶

1700.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Michael J Bresler Mailing Address 1025 Wilmington Way City State Zip Code Emerald Hills CA 94062-4069 FEC ID number of contributing federal political committee. C Name of Employer Mills 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 09 25 2005 Transaction ID: 10272952 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. R Douglas Shaw Mailing Address 2778 Puesta Del Sol City State Zip Code Santa Barbara CA 93105-2957 FEC ID number of contributing federal political committee. C Name of Employer Santa Barbara Med Foundat- ion Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10273001 Amount of Each Receipt this Period 200.00
C. Full Name (Last, First, Middle Initial) Dr. Larry A Bedard Mailing Address 88 Prospect Ave City State Zip Code Sausalito CA 94565-2304 FEC ID number of contributing federal political committee. C Name of Employer CE 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 09 25 2005 Transaction ID: 10272838 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) **850.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Tom Werlinich Mailing Address 2303 Oak Forest Court City State Zip Code Arlington TX 76012-4285 FEC ID number of contributing federal political committee. C Name of Employer Tom Werlinich Occupation FEC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10285762 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Mr. Robert Heard Mailing Address 11832 Jamestown Rd City State Zip Code Dallas TX 75230-2638 FEC ID number of contributing federal political committee. C Name of Employer Robert Heard Occupation FEC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 09 25 2005 Transaction ID: 10285772 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Ernest Page, II Mailing Address 7806 Horse Ferry Rd City State Zip Code Orlando FL 32835-5588 FEC ID number of contributing federal political committee. C Name of Employer Florida Emerg Phys Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 09 26 2005 Transaction ID: 10251825 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Howard Allen Peth, Jr. Mailing Address PO Box 357 City Osage Beach State MO Zip Code 65065-0357 FEC ID number of contributing federal political committee. C Name of Employer Howard Allen Peth Jr, 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 09 26 2005 Transaction ID: 10251926 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Shkelzen Hoxhaj Mailing Address 10 Emmandan Ln City Hockessin State DE Zip Code 19707-8402 FEC ID number of contributing federal political committee. C Name of Employer Mt Sinai Med Sch Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00		Date of Receipt M M / D D / Y Y Y Y 09 26 2005 Transaction ID: 10251927 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. John A Rupke Mailing Address 324 Forest Hill Avenue SE City Grand Rapids State MI Zip Code 49548-2318 FEC ID number of contributing federal political committee. C Name of Employer Spectrum Health Downtown Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 09 27 2005 Transaction ID: 10251894 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Cal Chaney		Date of Receipt M / D / Y 09 / 27 / 2005	
Mailing Address ACEP PO Box 619911		Transaction ID: 10251895	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Dallas	TX	75261-9911	
FEC ID number of contributing federal political committee. C			
Name of Employer ACEP		Occupation FEC	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) Dr. Margie D Ott		Date of Receipt M / D / Y 09 / 28 / 2005	
Mailing Address 28885 Wildwood Pl		Transaction ID: 10216007	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Sand Spgs	OK	74063-6664	
FEC ID number of contributing federal political committee. C			
Name of Employer Tulsa Regional Med Ctr		Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	
C. Full Name (Last, First, Middle Initial) Dr. Keith Thomas Borg		Date of Receipt M / D / Y 09 / 28 / 2005	
Mailing Address 578 N Superior St		Transaction ID: 10251897	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00
Decatur	GA	30033-5402	
FEC ID number of contributing federal political committee. C			
Name of Employer Emory Univ		Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Robin B Garellick Mailing Address 1405 Baffly Loop City State Zip Code Chesapeake VA 23320-9460 FEC ID number of contributing federal political committee. C Name of Employer Peninsula Emer Phys Santa-ra Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M M / D D / Y Y Y Y 09 28 2005 Transaction ID: 10251896 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Kevin J Parkes Mailing Address 11689 Bernardo Way City State Zip Code Grand Terrace CA 92313-4913 FEC ID number of contributing federal political committee. C Name of Employer Loma Linda Univ Med Ctr ED Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 09 28 2005 Transaction ID: 10216006 Amount of Each Receipt this Period 200.00
C. Full Name (Last, First, Middle Initial) Dr. Vytautas Saulis Mailing Address 5627 S Garfield City State Zip Code Hinsdale IL 60521-5088 FEC ID number of contributing federal political committee. C Name of Employer Vytautas Tomas Saulis, MD, FACEP Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 09 29 2005 Transaction ID: 10216170 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Dennis M Beck Mailing Address 421 Rembrandt Rd City State Zip Code Boulder CO 80302-9478 FEC ID number of contributing federal political committee. C Name of Employer Beacon Med Svcs Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 09 30 2005 Transaction ID: 10294028 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Michael A Turano Mailing Address 821 Ridgeview Dr City State Zip Code Pittsburgh PA 15228-1707 FEC ID number of contributing federal political committee. C Name of Employer Emerg Med Assoc of Pittsb- urgh Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 10 03 2005 Transaction ID: 10273054 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Robert Louis Barilella Mailing Address 712 Grove Ave City State Zip Code Cliffside Park NJ 07010-2008 FEC ID number of contributing federal political committee. C Name of Employer UMDNJ Univ 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 10 03 2005 Transaction ID: 10218119 Amount of Each Receipt this Period 50.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Michael Alfred Gibbs Mailing Address 16 Riverside Dr City State Zip Code Falmouth ME 04105-2109 FEC ID number of contributing federal political committee. C Name of Employer Maine Med Ctr ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 10 03 2005 Transaction ID: 10273053 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. David James Mendelson Mailing Address 4833 Post Oak Dr City State Zip Code Frisco TX 75034-5130 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 ▼ 1050.00		Date of Receipt M M / D D / Y Y Y Y 10 03 2005 Transaction ID: 10273055 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. G L McArthur, III Mailing Address 2560 Irvine Cove Crest City State Zip Code Laguna Beach CA 92651-1038 FEC ID number of contributing federal political committee. C Name of Employer Desert Reg Med Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 10 03 2005 Transaction ID: 10273052 Amount of Each Receipt this Period 450.00

SUBTOTAL of Receipts This Page (optional) **2450.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Jacob Mark Meredith, III Mailing Address 1231A Rt 532 City State Zip Code Chatsworth NJ 08019-0711 FEC ID number of contributing federal political committee. C Name of Employer Comm Med Ctr ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 10 10 2005 Transaction ID: 10410223 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Reuben W Holcomb, III Mailing Address 5341 Hidden Harbor Rd City State Zip Code Sarasota FL 34242-1427 FEC ID number of contributing federal political committee. C Name of Employer Sarasota Memorial Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.00		Date of Receipt M M / D D / Y Y Y Y 10 11 2005 Transaction ID: 10282236 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. Joseph M Bustamante, III Mailing Address 1529 Lake Dr City State Zip Code Haslett MI 48840-8478 FEC ID number of contributing federal political committee. C Name of Employer Oxross Mem Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Date of Receipt M M / D D / Y Y Y Y 10 12 2005 Transaction ID: 10273051 Amount of Each Receipt this Period 250.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. John L Meade Mailing Address 400 James River Rd City State Zip Code Gulf Breeze FL 32561-4867 FEC ID number of contributing federal political committee. C Name of Employer Emerald Healthcare Grp 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 10 14 2005 Transaction ID: 10283526 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Dee Maria L'Archeveque Mailing Address 2330 Caracas St City State Zip Code La Crescenta CA 91214-3003 FEC ID number of contributing federal political committee. C Name of Employer Dee Maria L'Archeveque. MD. FACEP Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 10 17 2005 Transaction ID: 10410224 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Anthony J Horvitz Mailing Address 1815 Telegraph Rd City State Zip Code Deerfield IL 60015-1861 FEC ID number of contributing federal political committee. C Name of Employer ECG of Northwest 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 10 24 2005 Transaction ID: 10282409 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Evelyn Elise Cardenas Mailing Address 232 Larsson St City State Zip Code Manhattan Beach CA 90266-6729 FEC ID number of contributing federal political committee. C Name of Employer Evelyn Elise Cardenas, MD, FACEP Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 10 27 2005 Transaction ID: 10289214 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Jeanne Marie Johnston Mailing Address 8735 Osage Pl City State Zip Code Downers Grove IL 60516-3610 FEC ID number of contributing federal political committee. C Name of Employer Alexian Brothers Med Ctr Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 650.00		Date of Receipt M M / D D / Y Y Y Y 10 28 2005 Transaction ID: 10407059 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Mr Gordon Wheeler Mailing Address ACEP 2121 K St NW Ste 325 City State Zip Code Washington DC 20037-1888 FEC ID number of contributing federal political committee. C Name of Employer Gordon Wheeler Receipt For: Primary General Other (specify) ▼ Occupation FEC Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 10 31 2005 Transaction ID: 10407397 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶

1050.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. John Morris Svenson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address 11580 Alpine View Ct		Transaction ID: 10357504	
City Truckee	State CA	Zip Code 96161-3229	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Washoe Med Ctr	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Dr. Charles F Pellawine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address Univ Emer Med Fdn 164 Summit Ave		Transaction ID: 10357053	
City Providence	State RI	Zip Code 02906-2853	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Univ Emer Med Fdn	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		
C. Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address Becks Woods 3 Yosemite Dr		Transaction ID: 10407408	
City Bear	State DE	Zip Code 19701-3808	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Christiana Care Hlth Svc	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) 450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. James R. Dudley Mailing Address PO Box 488 City State Zip Code Gloucester VA 23061-0488 FEC ID number of contributing federal political committee. C Name of Employer Riverside Tappahannock Hospital Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 10 31 2005 Transaction ID: 10356161 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Dr. Jay Kaplan Mailing Address 300 Oak Ave City State Zip Code San Anselmo CA 94960-2703 FEC ID number of contributing federal political committee. C Name of Employer CA Emerg Phys Med Grp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00		Date of Receipt M M / D D / Y Y Y Y 10 31 2005 Transaction ID: 10407403 Amount of Each Receipt this Period 85.00
C. Full Name (Last, First, Middle Initial) Dr. Anthony William Hartmann Mailing Address 2 Wincot Ct City State Zip Code Hillsborough NJ 08844-2213 FEC ID number of contributing federal political committee. C Name of Employer Emerg Med Assoc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 10 31 2005 Transaction ID: 10407403 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) **285.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Eric J. Lavonas Mailing Address 507 Moncure Dr City State Zip Code Charlotte NC 28209-3458 FEC ID number of contributing federal political committee. C Name of Employer Carolinas Med Ctr ED MEB-3 Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y 10 / 31 / 2005 Transaction ID: 10407401 Amount of Each Receipt this Period 75.00
B. Full Name (Last, First, Middle Initial) Dr. John A. Rupke Mailing Address 324 Forest Hill Avenue SE City State Zip Code Grand Rapids MI 49546-2316 FEC ID number of contributing federal political committee. C Name of Employer Spectrum Health Downtown Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M / D / Y 10 / 31 / 2005 Transaction ID: 10355247 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. David L. Mayers Mailing Address 2301 Ken Oak Rd City State Zip Code Baltimore MD 21209-4421 FEC ID number of contributing federal political committee. C Name of Employer EmCare Inc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M / D / Y 10 / 31 / 2005 Transaction ID: 10407400 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Constance Gail Nichols Mailing Address 8 Laurel St City State Zip Code Paxton MA 01612-1238 FEC ID number of contributing federal political committee. C Name of Employer Unless Mem Med Ctr Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 415.00		Date of Receipt M M / D D / Y Y Y Y 10 31 2005 Transaction ID: 10355117 Amount of Each Receipt this Period 365.00
B. Full Name (Last, First, Middle Initial) Dr. Eric W Schmidt Mailing Address 8 Laurel St City State Zip Code Paxton MA 01612-1238 FEC ID number of contributing federal political committee. C Name of Employer Univ of MA Medical Ctr Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y 10 31 2005 Transaction ID: 10354830 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Dino Peter Rumoro Mailing Address 26 W 381 Glen Eagles Dr City State Zip Code Winfield IL 60190-2313 FEC ID number of contributing federal political committee. C Name of Employer RushUniv Med Ctr Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 700.00		Date of Receipt M M / D D / Y Y Y Y 10 31 2005 Transaction ID: 10357622 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 1165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Cai Glushak Mailing Address 1432 W Catalpa Ave City State Zip Code Chicago IL 60640-1212 FEC ID number of contributing federal political committee. C Name of Employer Univ of Chicago Hosp ED Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 10 31 2005 Transaction ID: 10356343 Amount of Each Receipt this Period 71.00	
Occupation Emergency Physician Aggregate Year-to-Date ▼ 342.00			
B. Full Name (Last, First, Middle Initial) Dr. Arthur L Kellemann Mailing Address Emory Univ Dept of EM 531 Asbury Cir Ste N34D City State Zip Code Atlanta GA 30322-0001 FEC ID number of contributing federal political committee. C Name of Employer Emory Univ Dept of EM Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 10 31 2005 Transaction ID: 10356563 Amount of Each Receipt this Period 200.00	
Occupation Emergency Physician Aggregate Year-to-Date ▼ 400.00			
C. Full Name (Last, First, Middle Initial) Dr. Andrew I Bem Mailing Address 9B46 NW 18th St City State Zip Code Coral Springs FL 33071-5828 FEC ID number of contributing federal political committee. C Name of Employer Inphynel Team Rth Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 10 31 2005 Transaction ID: 10356038 Amount of Each Receipt this Period 82.00	
Occupation Emergency Physician Aggregate Year-to-Date ▼ 182.00			

SUBTOTAL of Receipts This Page (optional) 353.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Fred Foster Tiden		Date of Receipt M / D / Y 10 / 31 / 2005	
Mailing Address 36 Bainbridge Rd		Transaction ID: 10357400	
City W Hartford	State CT	Zip Code 06119-1145	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Midstate Med Ctr	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		
B. Full Name (Last, First, Middle Initial) Dr. Dorothy M Turnbull		Date of Receipt M / D / Y 10 / 31 / 2005	
Mailing Address PO Box 1641		Transaction ID: 10407398	
City Darien	State CT	Zip Code 06820-1641	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Stamford Hosp ED	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
C. Full Name (Last, First, Middle Initial) Mr. Gal Cheney		Date of Receipt M / D / Y 10 / 31 / 2005	
Mailing Address ACEP PO Box 819911		Transaction ID: 10355418	
City Dallas	State TX	Zip Code 75281-9911	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ACEP	Occupation FEC		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. David George Gilley Mailing Address 2 Sugar Creek Ln City State Zip Code Waukegan IA 50263-8144 FEC ID number of contributing federal political committee. C Name of Employer Mercy Hosp Med Ctr ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 11 01 2005 Transaction ID: 10414248 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Dr. John C Canon Mailing Address 23 Meadowbrook Cir City State Zip Code Brevard NC 28712-8543 FEC ID number of contributing federal political committee. C Name of Employer Hendersonville Emerg Consu 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 11 03 2005 Transaction ID: 10421785 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. Robert L Baron Mailing Address 6311 E Montecito City State Zip Code Scottsdale AZ 85251-1508 FEC ID number of contributing federal political committee. C Name of Employer Emerg Prof Serv PC Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 11 08 2005 Transaction ID: 10446418 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Alexander Max Rosenau Mailing Address 1140 N Broad St City State Zip Code Allentown PA 18104-2812 FEC ID number of contributing federal political committee. C Name of Employer Lehigh Valley Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 11 08 2005 Transaction ID: 10461347 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Robert C Solomon Mailing Address 214 Briar Path City State Zip Code Imperial PA 15126-9686 FEC ID number of contributing federal political committee. C Name of Employer East Ohio Reg 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 11 10 2005 Transaction ID: 10461346 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Roger S Pany Mailing Address 9074 Sunny Brea Cir City State Zip Code Sandy UT 84063-2455 FEC ID number of contributing federal political committee. C Name of Employer Pioneer Valley 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 11 10 2005 Transaction ID: 10461315 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) 900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Jason Allen Coffey Mailing Address 1081 Horse Rock Rd City State Zip Code Hickory NC 28602-8863 FEC ID number of contributing federal political committee. C Name of Employer Frye Reg Med Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 11 10 2005 Transaction ID: 10461317 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) Dr. Margie D Ott Mailing Address 28885 Wildwood Pl City State Zip Code Sand Spgs OK 74063-6864 FEC ID number of contributing federal political committee. C Name of Employer Tulsa Regional Med Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		Date of Receipt M M / D D / Y Y Y Y 11 11 2005 Transaction ID: 10461307 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Neal Michael Shipley Mailing Address 136 W 95th St City State Zip Code New York NY 10025-6804 FEC ID number of contributing federal political committee. C Name of Employer Jersey City 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 11 11 2005 Transaction ID: 10461297 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) **350.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Mark W Brown Mailing Address 5916 Filaree Heights City State Zip Code Malibu CA 90265-3721 FEC ID number of contributing federal political committee. C Name of Employer Mark W Brown, MD 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 11 13 2005 Transaction ID: 10461294 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Dr. Renee M Nihan Mailing Address 8475 Michael David Dr City State Zip Code Saginaw MI 48603-8665 FEC ID number of contributing federal political committee. C Name of Employer Renee M Nihan, MD, FACEP Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 11 17 2005 Transaction ID: 10449230 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Barr L Baynton Mailing Address 208 Box Oak City State Zip Code San Antonio TX 78230-5629 FEC ID number of contributing federal political committee. C Name of Employer SW TX Methodist Hosp ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 11 21 2005 Transaction ID: 10493830 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) 1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Stanley W McCart Mailing Address PO Box 928 City State Zip Code Loveclock NV 89419-0828 FEC ID number of contributing federal political committee. C Name of Employer Pershing 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 11 22 2005 Transaction ID: 10486218 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Dr. Henry Landsgaard Mailing Address 5358 Washburn Rd City State Zip Code Goodrich MI 48438-8819 FEC ID number of contributing federal political committee. C Name of Employer Genasys Reg Med Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M M / D D / Y Y Y Y 11 28 2005 Transaction ID: 10486599 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. Gary David Wright Mailing Address 25637 Ravenwood Cir City State Zip Code Daphne AL 36528-8238 FEC ID number of contributing federal political committee. C Name of Employer South Baldwin Reg Med Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 11 29 2005 Transaction ID: 10490224 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. John Morris Svenson Mailing Address 11580 Alpine View Ct City State Zip Code Truckee CA 96161-3229 FEC ID number of contributing federal political committee. C Name of Employer Washoe 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 11 28 2005 Transaction ID: 10490210 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Dr. Charles F Pettawine Mailing Address Univ Emer Med Fdn 164 Summit Ave City State Zip Code Providence RI 02906-2853 FEC ID number of contributing federal political committee. C Name of Employer Univ Emer Med Fdn Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 11 28 2005 Transaction ID: 10502656 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher Mailing Address Becks Woods 3 Yosemite Dr City State Zip Code Bear DE 19701-3808 FEC ID number of contributing federal political committee. C Name of Employer Christiana Care Hlth Svc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 11 28 2005 Transaction ID: 10490688 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) **450.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 00 / 170

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Douglas L McGee		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2005	
Mailing Address Box 174		Transaction ID: 10490274	
City Birchrunville	State PA	Zip Code 19421-0174	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Albert Einstein Med Ctr/ PCOM	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
B. Full Name (Last, First, Middle Initial) Dr. James R Dudley		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2005	
Mailing Address PO Box 488		Transaction ID: 10490297	
City Gloucester	State VA	Zip Code 23061-0488	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Riverside Tappahannock Ho- sp	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		
C. Full Name (Last, First, Middle Initial) Dr. Frederick C Blum		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2005	
Mailing Address 1470 Point Marion Rd		Transaction ID: 10490833	
City Morgantown	State WV	Zip Code 26508-1454	Amount of Each Receipt this Period 83.00
FEC ID number of contributing federal political committee. C			
Name of Employer RCB-HSC	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00		

SUBTOTAL of Receipts This Page (optional) ►

283.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 01 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Michael E Whiting Mailing Address 1224 Camino De Cruz Blanca City State Zip Code Santa Fe NM 87505-0380 FEC ID number of contributing federal political committee. C Name of Employer St Vincents Hosp ED Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 11 28 2005 Transaction ID: 10499427 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Jay Kaplan Mailing Address 300 Oak Ave City State Zip Code San Anselmo CA 94960-2703 FEC ID number of contributing federal political committee. C Name of Employer CA Emerg Phys Med Grp Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 11 28 2005 Transaction ID: 10490378 Amount of Each Receipt this Period 405.00
C. Full Name (Last, First, Middle Initial) Dr. Anthony William Hartmann Mailing Address 2 Wincot Ct City State Zip Code Hillsborough NJ 08844-2213 FEC ID number of contributing federal political committee. C Name of Employer Emerg Med Assoc Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 11 28 2005 Transaction ID: 10490511 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) **685.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 02 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Eric J Lavonas Mailing Address 507 Moncure Dr City State Zip Code Charlotte NC 28209-3458 FEC ID number of contributing federal political committee. C Name of Employer Carolinas Med Ctr ED MEB-3 Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y 11 29 2005 Transaction ID: 10490313 Amount of Each Receipt this Period 75.00
B. Full Name (Last, First, Middle Initial) Dr. Bradley Alan Welling Mailing Address 109 Viewpoint Ln City State Zip Code Mooresville NC 28117-7558 FEC ID number of contributing federal political committee. C Name of Employer PEMA Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 11 29 2005 Transaction ID: 10490428 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Marsha D Ford Mailing Address 6836 Alexander Rd City State Zip Code Charlotte NC 28270-2804 FEC ID number of contributing federal political committee. C Name of Employer Carolinas Medical Center ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00		Date of Receipt M M / D D / Y Y Y Y 11 29 2005 Transaction ID: 10490295 Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional) 409.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 03 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. William Joel Meggs Mailing Address 103 Hidden Hills Dr City State Zip Code Greenville NC 27858-8635 FEC ID number of contributing federal political committee. C Name of Employer Emerg Med, PCMH, 3ED-311 Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 11 29 2005 Transaction ID: 10490263 Amount of Each Receipt this Period 84.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 252.00	
B. Full Name (Last, First, Middle Initial) Dr. Eric Michael Kelcham Mailing Address 228 W 35th St City State Zip Code Farmington NM 87401-4047 FEC ID number of contributing federal political committee. C Name of Employer San Juan Reg Med Ctr Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 11 29 2005 Transaction ID: 10499432 Amount of Each Receipt this Period 600.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 650.00	
C. Full Name (Last, First, Middle Initial) Dr. David L Mayers Mailing Address 2301 Ken Oak Rd City State Zip Code Baltimore MD 21209-4421 FEC ID number of contributing federal political committee. C Name of Employer EmCare Inc Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 11 29 2005 Transaction ID: 10490307 Amount of Each Receipt this Period 100.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) 684.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Dino Peter Rumoro Mailing Address 26 W 381 Glen Eagles Dr City State Zip Code Winfield IL 60180-2313 FEC ID number of contributing federal political committee. C Name of Employer RushUniv 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 11 29 2005 Transaction ID: 10490257 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Dr. Cai Glushak Mailing Address 1432 W Catalpa Ave City State Zip Code Chicago IL 60640-1212 FEC ID number of contributing federal political committee. C Name of Employer Univ of Chicago Hosp ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 413.00		Date of Receipt M M / D D / Y Y Y Y 11 29 2005 Transaction ID: 10490293 Amount of Each Receipt this Period 71.00
C. Full Name (Last, First, Middle Initial) Dr. John L Zautcke Mailing Address 2227 N Southport Ave City State Zip Code Chicago IL 60614-3114 FEC ID number of contributing federal political committee. C Name of Employer Univ of Illinois MC 724 Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 11 29 2005 Transaction ID: 10499403 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **621.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Arthur L. Kelemann		Date of Receipt M M / D D / Y Y Y Y 11 / 29 / 2005	
Mailing Address Emory Univ Dept of EM 531 Asbury Cir Ste N340		Transaction ID: 10490281	
City Atlanta	State GA	Zip Code 30322-0001	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Emory Univ Dept of EM	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		
B. Full Name (Last, First, Middle Initial) Dr. Andrew I. Bem		Date of Receipt M M / D D / Y Y Y Y 11 / 29 / 2005	
Mailing Address 9848 NW 18th St		Transaction ID: 10490299	
City Coral Springs	State FL	Zip Code 33071-5826	Amount of Each Receipt this Period 82.00
FEC ID number of contributing federal political committee. C			
Name of Employer Inphynal Team Hth	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 284.00		
C. Full Name (Last, First, Middle Initial) Dr. David Peter John		Date of Receipt M M / D D / Y Y Y Y 11 / 29 / 2005	
Mailing Address 20 Hartley St		Transaction ID: 10490287	
City North Haven	State CT	Zip Code 06473-4409	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Middlesex Hosp ED	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) 382.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Fred Foster Tiden Mailing Address 36 Bainbridge Rd City State Zip Code W Hartford CT 06119-1145 FEC ID number of contributing federal political committee. C Name of Employer Midstate Med Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5 Transaction ID: 10490217 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Dr. Matthew John McDavit Mailing Address 800 S Gaylord St City State Zip Code Denver CO 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 ▼ 650.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5 Transaction ID: 10499429 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Dorothy M Turnbull Mailing Address PO Box 1641 City State Zip Code Darien CT 06820-1641 FEC ID number of contributing federal political committee. C Name of Employer Stamford Hosp ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5 Transaction ID: 10490305 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) 850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Ronald Eugene Graham Mailing Address 2104 Pell St City State Zip Code Scottsboro AL 35769-3840 FEC ID number of contributing federal political committee. C Name of Employer Baptist Med Ctr Dekalb Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 11 / 30 / 2005 Transaction ID: 10499518 Amount of Each Receipt this Period 1000.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 1235.00	
B. Full Name (Last, First, Middle Initial) Dr. John L Drew Mailing Address 1500 Shellfield Rd #126 City State Zip Code Enterprise AL 36320-8408 FEC ID number of contributing federal political committee. C Name of Employer Med Ctr Enterprise Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 11 / 30 / 2005 Transaction ID: 10502446 Amount of Each Receipt this Period 200.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) Dr. Thomas McFarland Mailing Address 5603 Martin Ave NE City State Zip Code Fort Payne AL 35567-8148 FEC ID number of contributing federal political committee. C Name of Employer Dekalb Baptist Med Ctr Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 11 / 30 / 2005 Transaction ID: 10502440 Amount of Each Receipt this Period 200.00 Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) 1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Marc C Brown Mailing Address 1125 E Redfield Rd City State Zip Code Phoenix AZ 85022-4353 FEC ID number of contributing federal political committee. C Name of Employer North Valley Emerg 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 11 30 2005 Transaction ID: 10502404 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Dr. Jay Westwater Mailing Address 520 Grand Hill City State Zip Code St Paul MN 55102-2614 FEC ID number of contributing federal political committee. C Name of Employer United Hosp ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 11 30 2005 Transaction ID: 10502405 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. David J Pilko, Jr Mailing Address 5332 Watoka Dr City State Zip Code Dallas TX 75209-5512 FEC ID number of contributing federal political committee. C Name of Employer St Paul Medical Center Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M M / D D / Y Y Y Y 11 30 2005 Transaction ID: 10502398 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) **1450.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Dee Maria L'Archeveque Mailing Address 2330 Caracas St City State Zip Code La Crescenta CA 91214-3003 FEC ID number of contributing federal political committee. C Name of Employer Dee Maria L'Archeveque, MD, FACEP Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 11 30 2005 Transaction ID: 10499509 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Christopher T Rares Mailing Address 3589 Rocky Ridge Ct City State Zip Code Sparks NV 89431-1303 FEC ID number of contributing federal political committee. C Name of Employer Reno Emergency Phys Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 11 30 2005 Transaction ID: 10502403 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Jeffrey R Nickel Mailing Address 2300 N Black Oak Dr City State Zip Code Angola IN 46703-8195 FEC ID number of contributing federal political committee. C Name of Employer Professional Emerg Phys Inc Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 11 30 2005 Transaction ID: 10499507 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶

1100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Len Glover Mailing Address 12 Eighth Green Ct City State Zip Code Belleville IL 62220-4831 FEC ID number of contributing federal political committee. C Name of Employer Midwest Emerg Dept Serv Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 11 30 2005 Transaction ID: 10502396 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Oscar H Habhab Mailing Address 2328 W Fairview Ave City State Zip Code Mc Henry IL 60051-4631 FEC ID number of contributing federal political committee. C Name of Employer Swedish American Hosp Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 650.00		Date of Receipt M M / D D / Y Y Y Y 11 30 2005 Transaction ID: 10502442 Amount of Each Receipt this Period 650.00
C. Full Name (Last, First, Middle Initial) Dr. David George Stiley Mailing Address 2 Sugar Creek Ln City State Zip Code Waukegan IA 50263-6144 FEC ID number of contributing federal political committee. C Name of Employer Mercy Hosp Med Ctr ED Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 11 30 2005 Transaction ID: 10499511 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **1100.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Matthew L Emerick			Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 7004 Shore Dr			Transaction ID: 10499521	
City	State	Zip Code	Amount of Each Receipt this Period	
Ocean Springs	MS	39564-2555	365.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Singing River Emer Phys		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00		
B. Full Name (Last, First, Middle Initial) Dr. Guy D Clifton			Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 5641 Crestbrook Dr			Transaction ID: 10502394	
City	State	Zip Code	Amount of Each Receipt this Period	
Morrison	CO	80465-2245	365.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Swedish Medical Center		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 515.00		
C. Full Name (Last, First, Middle Initial) Dr. George P Sessu			Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 11691 E Berry Ave			Transaction ID: 10502445	
City	State	Zip Code	Amount of Each Receipt this Period	
Englewood	CO	80111-4150	250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer c/o Carepoint PC		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) **980.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Jack T Dillon Mailing Address 511 Orion Pl City State Zip Code Colorado Spgs CO 80906-1061 FEC ID number of contributing federal political committee. C Name of Employer Front Range Emerg Specialists Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 11 30 2005 Transaction ID: 10502392 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Kenneth V Iserson Mailing Address 4830 N Calle Faja City State Zip Code Tucson AZ 85718-6351 FEC ID number of contributing federal political committee. C Name of Employer Section of Emerg Med Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 11 30 2005 Transaction ID: 10502441 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Mark Barnes Mailing Address 2823 Aspen Rd City State Zip Code Rhinelander WI 54501-8583 FEC ID number of contributing federal political committee. C Name of Employer St Marys Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y 12 01 2005 Transaction ID: 10509281 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Jeff J Kroll Mailing Address 21348 Prestancia Dr City State Zip Code Mokena IL 60448-8403 FEC ID number of contributing federal political committee. C Name of Employer St Joseph 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 1 2 / 0 2 / 2 0 0 5 Transaction ID: 10509965 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) Dr. Joseph Alan Halpern Mailing Address 2 Waters Rd City State Zip Code Severna Park MD 21146-4642 FEC ID number of contributing federal political committee. C Name of Employer Anne Arundel Med Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 415.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5 Transaction ID: 10628943 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. Laura M Robinson Mailing Address 1710 S Gilbert Rd #2168 City State Zip Code Mesa AZ 85204-8013 FEC ID number of contributing federal political committee. C Name of Employer Laura M Robinson, 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 1 2 / 0 6 / 2 0 0 5 Transaction ID: 10844164 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Andrew Solares		Date of Receipt M / D / Y 12 / 06 / 2005	
Mailing Address 1220 S Phillips Ave		Transaction ID: 10644165	
City Sioux Falls	State SD	Zip Code 57105-0751	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Avera McKennan Hosp	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
B. Full Name (Last, First, Middle Initial) Dr. Russell H Harris		Date of Receipt M / D / Y 12 / 06 / 2005	
Mailing Address 5829 Wissahickon Ave		Transaction ID: 10642629	
City Philadelphia	State PA	Zip Code 19144-4446	Amount of Each Receipt this Period 50.00
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 ▼ 550.00		
C. Full Name (Last, First, Middle Initial) Dr. Kurt Thomas Schultz		Date of Receipt M / D / Y 12 / 06 / 2005	
Mailing Address 431 Conway Lakes Dr		Transaction ID: 10644167	
City St Louis	State MO	Zip Code 63141-6618	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bellevue Mem Hosp	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional) 250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Ivan Rokos Mailing Address 2107 N Mar Vista Ave City State Zip Code Altadena CA 91001-3131 FEC ID number of contributing federal political committee. C Name of Employer Olive View UCLA ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y 12 06 2005 Transaction ID: 10644159 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Paul Andrew Kozak Mailing Address 5802 E Calle Del Sud City State Zip Code Phoenix AZ 85018-4630 FEC ID number of contributing federal political committee. C Name of Employer Mayo Clinic Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 12 06 2005 Transaction ID: 10644162 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Joseph T McCallin Mailing Address 16402 Ridgemont St City State Zip Code Omaha NE 68138-4020 FEC ID number of contributing federal political committee. C Name of Employer Meth Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y 12 08 2005 Transaction ID: 11409099 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Tricia Lynn Dickens Mailing Address 1449 Selle Rd City State Zip Code Sandpoint ID 83864-7533 FEC ID number of contributing federal political committee. C Name of Employer Bonner Gen Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M / D / Y 12 / 09 / 2005 Transaction ID: 11125535 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Dr. R Tempest Lowry Mailing Address 18629 Vineyard Point Ln City State Zip Code Cornelius NC 28031-7591 FEC ID number of contributing federal political committee. C Name of Employer R Tempest Lowry, MD Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M / D / Y 12 / 11 / 2005 Transaction ID: 11409114 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. John A Davies Mailing Address 583 Milden Rd City State Zip Code Fayetteville NC 28314-2529 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 ▼ 485.00			Date of Receipt M / D / Y 12 / 12 / 2005 Transaction ID: 11409088 Amount of Each Receipt this Period 50.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Ronald A Hellstern Mailing Address 10827 Crooked Creek Ct City State Zip Code Dallas TX 75229-4301 FEC ID number of contributing federal political committee. C Name of Employer Medical Edge Healthcare Grp Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 12 13 2005 Transaction ID: 11409032 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. William Lee Hall, II Mailing Address 354 Echo Canyon Ct City State Zip Code Grand Junction CO 81503-9584 FEC ID number of contributing federal political committee. C Name of Employer St Marys Hosp Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 730.00		Date of Receipt M M / D D / Y Y Y Y 12 13 2005 Transaction ID: 11409027 Amount of Each Receipt this Period 365.00
C. Full Name (Last, First, Middle Initial) Dr. David William Behm Mailing Address 3008 N Heritage Dr City State Zip Code Lawton OK 73507-3433 FEC ID number of contributing federal political committee. C Name of Employer Southwestern Med Ctr Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 415.00		Date of Receipt M M / D D / Y Y Y Y 12 13 2005 Transaction ID: 11409038 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) 1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Paul Wahlheim Mailing Address 310 W Holly St City State Zip Code Phoenix AZ 85003-1117 FEC ID number of contributing federal political committee. C Name of Employer St Josephs Hosp & Med Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M / D / Y 12 / 13 / 2005 Transaction ID: 11409026 Amount of Each Receipt this Period 365.00
B. Full Name (Last, First, Middle Initial) Dr. Michael P Bellino Mailing Address 714 Mawman Ave City State Zip Code Lake Bluff IL 60044-2008 FEC ID number of contributing federal political committee. C Name of Employer Lakeland Medical Center Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		Date of Receipt M / D / Y 12 / 13 / 2005 Transaction ID: 11409035 Amount of Each Receipt this Period 650.00
C. Full Name (Last, First, Middle Initial) Dr. Bradley E Barth Mailing Address 1018 N Woodland Ct City State Zip Code Kansas City MO 64118-5128 FEC ID number of contributing federal political committee. C Name of Employer St Lukes Hosp ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 548.00		Date of Receipt M / D / Y 12 / 13 / 2005 Transaction ID: 11409038 Amount of Each Receipt this Period 299.00

SUBTOTAL of Receipts This Page (optional) ▶

1164.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Paul M Freitas Mailing Address 421 Gentry Ct City State Zip Code Walnut Creek CA 94598-1864 FEC ID number of contributing federal political committee. C Name of Employer John Muir Med Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M / D / Y 12 / 13 / 2005 Transaction ID: 11409033 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Charles R Stronks Mailing Address W 7763 Jackie Ct City State Zip Code Greenville WI 54942-9600 FEC ID number of contributing federal political committee. C Name of Employer c/o Schenck Healthservices Grp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M / D / Y 12 / 15 / 2005 Transaction ID: 11409043 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Dr. Richard C Navitsky Mailing Address 3970 Defiance St City State Zip Code Anchorage AK 99504-4480 FEC ID number of contributing federal political committee. C Name of Employer Richard C Navitsky, MD, FACEP Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M / D / Y 12 / 15 / 2005 Transaction ID: 11409042 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) **1100.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. H Michael Webb Mailing Address 801 Clemont Dr NE City State Zip Code Atlanta GA 30306-3672 FEC ID number of contributing federal political committee. C Name of Employer Spaulding Regional Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 12 / 15 / 2005 Transaction ID: 11409028 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Benice Rodriguez Mailing Address 4369 Arcadian Dr E City State Zip Code Castro Valley CA 94546-1049 FEC ID number of contributing federal political committee. C Name of Employer St Rose Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M / D / Y 12 / 15 / 2005 Transaction ID: 11409044 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Marianne Gausehe-Hill Mailing Address 1931 Power St City State Zip Code Hermosa Beach CA 90254-2515 FEC ID number of contributing federal political committee. C Name of Employer Harbor UCLA Med Ctr ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M / D / Y 12 / 15 / 2005 Transaction ID: 11409040 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Randy Bennett Mailing Address 5725 N Pontatoc City Tucson State AZ Zip Code 85718-4317 FEC ID number of contributing federal political committee. C Name of Employer Emergency Room Assoc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M / D / Y 12 / 15 / 2005 Transaction ID: 11409029 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. C Doyle Hayes Mailing Address 1148 County Rd 817 City Nacogdoches State TX Zip Code 75864-4455 FEC ID number of contributing federal political committee. C Name of Employer Mem Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M / D / Y 12 / 18 / 2005 Transaction ID: 11409031 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Dr. Michael Frank Mailing Address 1940 Hines Hill Rd City Hudson State OH Zip Code 44238-1718 FEC ID number of contributing federal political committee. C Name of Employer Emerg Med Phys Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M / D / Y 12 / 18 / 2005 Transaction ID: 11409818 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. David C Packo Mailing Address 4535 Dressler Rd NW City State Zip Code Canton OH 44718-2545 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 ▼ 1000.00		Date of Receipt M / D / Y 12 / 19 / 2005 Transaction ID: 11410167 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Barry M Neman Mailing Address 1822 Day St City State Zip Code Ann Arbor MI 48104-3604 FEC ID number of contributing federal political committee. C Name of Employer Chelsea Comm Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M / D / Y 12 / 19 / 2005 Transaction ID: 11410193 Amount of Each Receipt this Period 365.00
C. Full Name (Last, First, Middle Initial) Dr. Jean Elizabeth Sheets Mailing Address 61 Ernsts Way City State Zip Code Marion MA 02738-1208 FEC ID number of contributing federal political committee. C Name of Employer Tobey Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M / D / Y 12 / 19 / 2005 Transaction ID: 12041249 Amount of Each Receipt this Period 550.00

SUBTOTAL of Receipts This Page (optional) 1985.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. William C Hasekew Mailing Address 7118 W Lafayette Pl City State Zip Code Mequon WI 53092-8800 FEC ID number of contributing federal political committee. C Name of Employer Infinity HealthCare Inc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 12041250 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Thomas L Gray, Jr. Mailing Address 28982 Road 188 City State Zip Code Visalia CA 93292-9700 FEC ID number of contributing federal political committee. C Name of Employer Kavash Delta District Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11445703 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Brian P Kasskitts Mailing Address 4930 Fulton St # 202 City State Zip Code San Francisco CA 94121-3852 FEC ID number of contributing federal political committee. C Name of Employer CEP Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11445857 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. William K Hawley		Date of Receipt M / D / Y 12 / 21 / 2005	
Mailing Address 3550 River Bend Rd		Transaction ID: 11882125	
City Birmingham	State AL	Zip Code 35243-4832	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Baptist Medical Center	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Dr. Patrick R Hayes		Date of Receipt M / D / Y 12 / 21 / 2005	
Mailing Address 5589 Dublin Road		Transaction ID: 11882132	
City Dublin	State OH	Zip Code 43017-1505	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Riverside Methodist Hospi- tal	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Dr. Glenn E Aldinger		Date of Receipt M / D / Y 12 / 21 / 2005	
Mailing Address 1734 N Wells St		Transaction ID: 11882127	
City Chicago	State IL	Zip Code 60614-6050	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Infinity HealthCare Inc	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Matthew Brent Underwood			Date of Receipt M / D / Y 12 / 21 / 2005	
Mailing Address 9799 Diamond St			Transaction ID: 11882104	
City	State	Zip Code	Amount of Each Receipt this Period	
Yucaipa	CA	92389-2843	500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer CA Emerg Phys		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00		
B. Full Name (Last, First, Middle Initial) Dr. Marc A Snyder			Date of Receipt M / D / Y 12 / 21 / 2005	
Mailing Address 3842 22nd St			Transaction ID: 11882102	
City	State	Zip Code	Amount of Each Receipt this Period	
San Francisco	CA	94114-3206	250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer St Lukas Hosp		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
C. Full Name (Last, First, Middle Initial) Dr. Jeffrey T Greenwood			Date of Receipt M / D / Y 12 / 22 / 2005	
Mailing Address 13020 N Shore Rd			Transaction ID: 12041180	
City	State	Zip Code	Amount of Each Receipt this Period	
Ocean City	MD	21842-9730	1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Peninsula Reg Med Ctr ED		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) **1750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 170
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
 National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. H Michael Webb Mailing Address 801 Clemont Dr NE City State Zip Code Atlanta GA 30306-3672 FEC ID number of contributing federal political committee. C Name of Employer Spaulding Regional Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M / D / Y 12 / 22 / 2005 Transaction ID: 12041159 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) Dr. William K Hoxley Mailing Address 3550 River Bend Rd City State Zip Code Birmingham AL 35243-4832 FEC ID number of contributing federal political committee. C Name of Employer Baptist Medical Center Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M / D / Y 12 / 27 / 2005 Transaction ID: 12060876 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. Ernest Page, II Mailing Address 7888 Horse Ferry Rd City State Zip Code Orlando FL 32835-5588 FEC ID number of contributing federal political committee. C Name of Employer Florida Emerg Phys Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M / D / Y 12 / 27 / 2005 Transaction ID: 12086325 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Alex M Maslanka Mailing Address 3625 21st St City State Zip Code Boulder CO 80304-1807 FEC ID number of contributing federal political committee. C Name of Employer c/o Boulder Emerg Phys PC Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5 Transaction ID: 12060854 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Amanda J Zopp Mailing Address 3201 Symphony Woods Dr City State Zip Code Charlotte NC 28269-9701 FEC ID number of contributing federal political committee. C Name of Employer Cabarrus Emerg Med Assoc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5 Transaction ID: 12060838 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Paul Wayland Kolodzik Mailing Address 1108 Paxton Ct City State Zip Code Bellbrook OH 45305-8558 FEC ID number of contributing federal political committee. C Name of Employer Paul Wayland Kolodzik, MD, FACEP Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5 Transaction ID: 12060839 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Joan M Koladek Mailing Address 1108 Paxon Ct City State Zip Code Bellbrook OH 45305-8859 FEC ID number of contributing federal political committee. C Name of Employer Premier Health Care Svcs Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y 12 / 28 / 2005 Transaction ID: 12060836 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. James S Polys Mailing Address 228 Canada Verde City State Zip Code San Antonio TX 78232-1141 FEC ID number of contributing federal political committee. C Name of Employer Baptist Health System Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 615.00		Date of Receipt M / D / Y 12 / 28 / 2005 Transaction ID: 12060827 Amount of Each Receipt this Period 365.00
C. Full Name (Last, First, Middle Initial) Dr. Roy Lynn Ree Mailing Address 7618 Tanglecrest Dr City State Zip Code Dallas TX 75254-8021 FEC ID number of contributing federal political committee. C Name of Employer Emerg Med Consultants Ltd Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 545.00		Date of Receipt M / D / Y 12 / 28 / 2005 Transaction ID: 12060841 Amount of Each Receipt this Period 130.00

SUBTOTAL of Receipts This Page (optional) ▶

745.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 170
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
 National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Dan Donnell			Date of Receipt M / D / Y 12 / 28 / 2005	
Mailing Address 2804 Cactus Dr			Transaction ID: 12060820	
City	State	Zip Code	Amount of Each Receipt this Period	
Edmond	OK	73013-7836	1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Midwest City Regional Hosp		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Dr. Dennis F Bambach			Date of Receipt M / D / Y 12 / 28 / 2005	
Mailing Address 7881 Serenity Dr			Transaction ID: 12060840	
City	State	Zip Code	Amount of Each Receipt this Period	
Dublin	OH	43017-8719	200.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Riverside Methodist Hosp ED		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Dr. Rava Dubin			Date of Receipt M / D / Y 12 / 28 / 2005	
Mailing Address 547 Park Rd			Transaction ID: 12060848	
City	State	Zip Code	Amount of Each Receipt this Period	
Mays Landing	NJ	08330-1517	500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Atlantic City Med Ctr ED		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) **1700.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Randall Marden Todd Mailing Address 8713 Worthington Ct City State Zip Code Indianapolis IN 46278-1181 FEC ID number of contributing federal political committee. C Name of Employer Emerg Phys of Indianapolis Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5 Transaction ID: 12060833 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Anil J Sahjwani Mailing Address 23523 Vistamar Ct City State Zip Code Land O Lakes FL 34629-4888 FEC ID number of contributing federal political committee. C Name of Employer Franklin Favata Huls Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5 Transaction ID: 12060729 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Edwin Gary Pigman Mailing Address 3100 Bonnett Creek Rd City State Zip Code Avon Park FL 33825-7809 FEC ID number of contributing federal political committee. C Name of Employer FL Hosp Heartland Div Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5 Transaction ID: 12060845 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. John Ernest Hipskind Mailing Address 4926 W Buena Vista City State Zip Code Visalia CA 93291-9018 FEC ID number of contributing federal political committee. C Name of Employer Keweenaw Delta District Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 305.00		Date of Receipt M M / D D / Y Y Y Y 12 28 2005 Transaction ID: 12080821 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Dr. Gary David Wright Mailing Address 25937 Ravenwood Cir City State Zip Code Daphne AL 36526-8236 FEC ID number of contributing federal political committee. C Name of Employer South Baldwin Reg Med 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 12 30 2005 Transaction ID: 12085573 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Dr. Jacqueline Frazer Mailing Address 418 Crowne Woods Dr City State Zip Code Birmingham AL 35244-7028 FEC ID number of contributing federal political committee. C Name of Employer University of Alabama 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 12 30 2005 Transaction ID: 12083232 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) **350.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. John Morris Svenson Mailing Address 11580 Alpine View Ct City State Zip Code Truckee CA 96161-3229 FEC ID number of contributing federal political committee. C Name of Employer Washoe Med Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12085354 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Dr. Steven Victor Sealice Mailing Address 881 Lookout Ridge Dr City State Zip Code Westerville OH 43082-8601 FEC ID number of contributing federal political committee. C Name of Employer Immediate Hlth Assoc Inc 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 12 30 2005 Transaction ID: 12062215 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Virgil W Smeltz Mailing Address 36 Pinnacle Dr City State Zip Code Charleston WV 25311-1315 FEC ID number of contributing federal political committee. C Name of Employer Thomas Mem Hosp EMP of Ka- nawha Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12085281 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Ashley E Booth Mailing Address 3915 Riverside Ave City Jacksonville State FL Zip Code 32205-9336 FEC ID number of contributing federal political committee. C Name of Employer Shands Jacksonville ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 12083312 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher Mailing Address Backs Woods 3 Yosemite Dr City Bear State DE Zip Code 19701-3806 FEC ID number of contributing federal political committee. C Name of Employer Christiana Care Hlth Svc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 12083258 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Dr. Andrea L Green Mailing Address 5 Twin Springs Dr City Arlington State TX Zip Code 76010-4027 FEC ID number of contributing federal political committee. C Name of Employer Do Not Change Home Address Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 12083874 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Leroy R. Schlesselman Mailing Address 1228 Tidewater Dr City State Zip Code North Myrtle Beach SC 29582-6820 FEC ID number of contributing federal political committee. C Name of Employer McLeod Regional Medical Ctr 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 12 30 2005 Transaction ID: 12062218 Amount of Each Receipt this Period 365.00
B. Full Name (Last, First, Middle Initial) Dr. Patrick Blaine Hinfey Mailing Address 30 Old Salem Rd City State Zip Code W Orange NJ 07062-3116 FEC ID number of contributing federal political committee. C Name of Employer Newark Beth Israel Med Ctr 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 12 30 2005 Transaction ID: 12062202 Amount of Each Receipt this Period 365.00
C. Full Name (Last, First, Middle Initial) Dr. Douglas L. McGee Mailing Address Box 174 City State Zip Code Birchrunville PA 19421-0174 FEC ID number of contributing federal political committee. C Name of Employer Albert Einstein Med Ctr/ PCOM Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12083880 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 830.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Kelly Foley Mailing Address 1133 Pond Cypress Dr City State Zip Code Virginia Bch VA 23455-6859 FEC ID number of contributing federal political committee. C Name of Employer Emergency Phys of Tidewater Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12083317 Amount of Each Receipt this Period 250.00	
B. Full Name (Last, First, Middle Initial) Dr. James R. Dudley Mailing Address PO Box 488 City State Zip Code Gloucester VA 23061-0488 FEC ID number of contributing federal political committee. C Name of Employer Riverside Tappahannock Hospital Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12083315 Amount of Each Receipt this Period 100.00	
C. Full Name (Last, First, Middle Initial) Dr. Kris R. Brickman Mailing Address 4328 Dawewood Ln City State Zip Code Sylvania OH 43560-4408 FEC ID number of contributing federal political committee. C Name of Employer Northwest Ohio Emerg Services Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12082200 Amount of Each Receipt this Period 100.00	

SUBTOTAL of Receipts This Page (optional) **450.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 170
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
 National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. L Anthony Cirillo			Date of Receipt M / D / Y 12 / 30 / 2005	
Mailing Address 91 Woodridge Dr			Transaction ID: 12083286	
City	State	Zip Code	Amount of Each Receipt this Period 100.00	
Saunderstown	RI	02874-1843		
FEC ID number of contributing federal political committee. C				
Name of Employer Rhode Island Dept of Hlth		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
B. Full Name (Last, First, Middle Initial) Dr. Frederick C Blum			Date of Receipt M / D / Y 12 / 30 / 2005	
Mailing Address 1470 Point Marion Rd			Transaction ID: 12083294	
City	State	Zip Code	Amount of Each Receipt this Period 83.00	
Morgantown	WV	26508-1454		
FEC ID number of contributing federal political committee. C				
Name of Employer RCB-HSC		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 332.00		
C. Full Name (Last, First, Middle Initial) Dr. Paul F Schmitt			Date of Receipt M / D / Y 12 / 30 / 2005	
Mailing Address 225 W 83rd St #10B			Transaction ID: 12082208	
City	State	Zip Code	Amount of Each Receipt this Period 365.00	
New York	NY	10024-4558		
FEC ID number of contributing federal political committee. C				
Name of Employer NY Presbyterian Hosp		Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00		

SUBTOTAL of Receipts This Page (optional) 548.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Jay Kaplan Mailing Address 300 Oak Ave City State Zip Code San Anselmo CA 94060-2703 FEC ID number of contributing federal political committee. C Name of Employer CA Emerg Phys Med Grp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 490.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12083125 Amount of Each Receipt this Period 85.00
B. Full Name (Last, First, Middle Initial) Dr. Ronald J Mack Mailing Address 53 Fellswood Dr City State Zip Code Essex Fells NJ 07021-1816 FEC ID number of contributing federal political committee. C Name of Employer PSE & G Med Dept Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12062193 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Anthony William Hartmann Mailing Address 2 Wincot Ct City State Zip Code Hillsborough NJ 08844-2213 FEC ID number of contributing federal political committee. C Name of Employer Emerg Med Assoc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12083169 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 435.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Dolores McCarthy Mailing Address 322 Estate Point Rd City State Zip Code Toms River NJ 08753-2064 FEC ID number of contributing federal political committee. C Name of Employer Jersey Emerg Med Spec Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12082209 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Michael Joseph Gerard Mailing Address 28 Heritage Ct City State Zip Code Randolph NJ 07869-3534 FEC ID number of contributing federal political committee. C Name of Employer Emergency Medical Associa- tes Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 412.50		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12083319 Amount of Each Receipt this Period 125.00
C. Full Name (Last, First, Middle Initial) Dr. Michael Joseph Gerard Mailing Address 28 Heritage Ct City State Zip Code Randolph NJ 07869-3534 FEC ID number of contributing federal political committee. C Name of Employer Emergency Medical Associa- tes Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12083870 Amount of Each Receipt this Period 112.50

SUBTOTAL of Receipts This Page (optional) 737.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Eric J Lavonas Mailing Address 507 Moncure Dr City State Zip Code Charlotte NC 28209-3458 FEC ID number of contributing federal political committee. C Name of Employer Carolinas Med Ctr ED MEB-3 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 12 30 2005 Transaction ID: 12083123 Amount of Each Receipt this Period 75.00
B. Full Name (Last, First, Middle Initial) Dr. Marsha D Ford Mailing Address 6838 Alexander Rd City State Zip Code Charlotte NC 28270-2804 FEC ID number of contributing federal political committee. C Name of Employer Carolinas Medical Center ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 338.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12083318 Amount of Each Receipt this Period 84.00
C. Full Name (Last, First, Middle Initial) Dr. William Joel Meggs Mailing Address 103 Hidden Hills Dr City State Zip Code Greenville NC 27658-8635 FEC ID number of contributing federal political committee. C Name of Employer Emerg Med, PCMH, 3ED-311 Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 338.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12083881 Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional) ▶

243.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. John S Milne Mailing Address 530 Wilderness Peak Dr NW City State Zip Code Issaquah WA 98027-5621 FEC ID number of contributing federal political committee. C Name of Employer John S Milne, MD Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 12083989 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Roderick I Behner Mailing Address 1532 Copperstone Dr City State Zip Code Brentwood TN 37027-2220 FEC ID number of contributing federal political committee. C Name of Employer Cumberland 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 1 2 / 3 0 / 2 0 0 5 Transaction ID: 12083309 Amount of Each Receipt this Period 62.50
C. Full Name (Last, First, Middle Initial) Dr. David L Mayers Mailing Address 2301 Ken Oak Rd City State Zip Code Baltimore MD 21209-4421 FEC ID number of contributing federal political committee. C Name of Employer EmCare Inc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 12083121 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **412.50**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 / 170
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
 National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. James D Thomas Mailing Address 165 Cromesett Rd City State Zip Code Wareham MA 02571-7111 FEC ID number of contributing federal political committee. C Name of Employer Caritas Integrated Grp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M / D / Y 12 / 30 / 2005 Transaction ID: 12061626 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Dr. Nancy J Antonacci Mailing Address 536 Lake Valley Dr City State Zip Code Lexington KY 40509-2936 FEC ID number of contributing federal political committee. C Name of Employer Rockcastle Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M / D / Y 12 / 30 / 2005 Transaction ID: 12062201 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. John Agee Mailing Address 2507 Shannon Dr City State Zip Code Valparaiso IN 46383-2447 FEC ID number of contributing federal political committee. C Name of Employer Unity Phys Grp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M / D / Y 12 / 30 / 2005 Transaction ID: 12083307 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 132 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Jeffrey R Nickel Mailing Address 2300 N Black Oak Dr City State Zip Code Angola IN 46703-8195 FEC ID number of contributing federal political committee. C Name of Employer Professional Emerg Phys Inc Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12082199 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Dr. B P House Mailing Address 7641 Glacier Creek Dr # 92 City State Zip Code Roanoke IN 46783-9246 FEC ID number of contributing federal political committee. C Name of Employer Lutheran Med Ctr ED Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12083878 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. John W Graneto Mailing Address 2625 W Ardmore Ave City State Zip Code Chicago IL 60659-4511 FEC ID number of contributing federal political committee. C Name of Employer John W Graneto, DO, FACEP Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12083878 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Julio C Silva Mailing Address 1731 Baybrook Ln City State Zip Code Naperville IL 60564-6174 FEC ID number of contributing federal political committee. C Name of Employer Julio C Silva, MD, FACEP Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12085280 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Cai Glushak Mailing Address 1432 W Catalpa Ave City State Zip Code Chicago IL 60640-1212 FEC ID number of contributing federal political committee. C Name of Employer Univ of Chicago Hosp ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 484.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12083872 Amount of Each Receipt this Period 71.00
C. Full Name (Last, First, Middle Initial) Dr. David George Stille Mailing Address 2 Sugar Creek Ln City State Zip Code Waukegan IA 50263-6144 FEC ID number of contributing federal political committee. C Name of Employer Mercy Hosp Med Ctr ED Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12062198 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) **421.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 134 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Arthur L. Kelemann Mailing Address Emory Univ Dept of EM 531 Asbury Cir Ste N340 City Atlanta State GA Zip Code 30322-0001 FEC ID number of contributing federal political committee. C Name of Employer Emory Univ Dept of EM Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 12083979 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Dr. Andrew I Bem Mailing Address 9848 NW 18th St City Coral Springs State FL Zip Code 33071-5826 FEC ID number of contributing federal political committee. C Name of Employer Inphynel Team Rth Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 348.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 12083310 Amount of Each Receipt this Period 82.00
C. Full Name (Last, First, Middle Initial) Dr. Andrew I Bem Mailing Address 9848 NW 18th St City Coral Springs State FL Zip Code 33071-5826 FEC ID number of contributing federal political committee. C Name of Employer Inphynel Team Rth Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 348.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 12554534 Amount of Each Receipt this Period 0.00 [MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$34- 6.00

SUBTOTAL of Receipts This Page (optional) 282.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 135 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Fred Foster Tiden Mailing Address 36 Bainbridge Rd City State Zip Code W Hartford CT 06119-1145 FEC ID number of contributing federal political committee. C Name of Employer Midstate Med Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M / D / Y 12 / 30 / 2005 Transaction ID: 12085456 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Dr. David William Ross Mailing Address 15340 Raton Rd City State Zip Code Colorado Spgs CO 80921-2140 FEC ID number of contributing federal political committee. C Name of Employer Front EM Specialties Inc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M / D / Y 12 / 30 / 2005 Transaction ID: 12085279 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Robert Craig Rosenbloom Mailing Address PO Box 5101 City State Zip Code Culver City CA 90231-5101 FEC ID number of contributing federal political committee. C Name of Employer California Emerg Phys Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M / D / Y 12 / 30 / 2005 Transaction ID: 12083898 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 136 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Scott Edward Rudkin Mailing Address 6731 E Boscana Ct City State Zip Code Orange CA 92867-6406 FEC ID number of contributing federal political committee. C Name of Employer Univ CA Irvine Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12083119 Amount of Each Receipt this Period 200.00	
B. Full Name (Last, First, Middle Initial) Dr. Michael G Moeller Mailing Address 24808 Upper Tr City State Zip Code Carmel CA 93923-8388 FEC ID number of contributing federal political committee. C Name of Employer Michael G Moeller, MD, FA-CEP Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12062216 Amount of Each Receipt this Period 500.00	
C. Full Name (Last, First, Middle Initial) Dr. Fred Danna Mailing Address 22287 Mullholland Dr Ste 187 City State Zip Code Calabasas CA 91302-5157 FEC ID number of contributing federal political committee. C Name of Employer e-MSO Proven Solutions Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12083285 Amount of Each Receipt this Period 312.50	

SUBTOTAL of Receipts This Page (optional) ▶

1012.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 137 / 170
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. William M. Serebo Mailing Address 352 Calle Bonita Pl City State Zip Code Escondido CA 92029-7847 FEC ID number of contributing federal political committee. C Name of Employer Palomar Med Ctr Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12061625 Amount of Each Receipt this Period 225.00
B. Full Name (Last, First, Middle Initial) Dr. Timothy G. Greco Mailing Address 1280 Crestview Dr City State Zip Code Fullerton CA 92833-2206 FEC ID number of contributing federal political committee. C Name of Employer St Jude Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12062220 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Michael C. Christopher Mailing Address 5819 E Orange Blossom Ln City State Zip Code Phoenix AZ 85018-6730 FEC ID number of contributing federal political committee. C Name of Employer St Josephs Hosp Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 865.00		Date of Receipt M M / D D / Y Y Y Y 12 30 2005 Transaction ID: 12083287 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)	▶	1475.00
TOTAL This Period (last page this line number only)	▶	143542.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 138 / 170

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) SMITH BARNEY		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2005	
Mailing Address 1050 CONNECTICUT AVE NW		Transaction ID: 12554494	
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Receipt this Period 341.26
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1496.27		
B. Full Name (Last, First, Middle Initial) SMITH BARNEY		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2005	
Mailing Address 1050 CONNECTICUT AVE NW		Transaction ID: 12554496	
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Receipt this Period 419.33
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1815.60		
C. Full Name (Last, First, Middle Initial) SMITH BARNEY		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2005	
Mailing Address 1050 CONNECTICUT AVE NW		Transaction ID: 12554498	
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Receipt this Period 372.37
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2287.97		

SUBTOTAL of Receipts This Page (optional) ▶

1132.96

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 170
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 CONNECTICUT AVE NW City State Zip Code WASHINGTON DC 20036 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2011.38		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 5 Transaction ID: 12554500 Amount of Each Receipt this Period 623.41
B. Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 CONNECTICUT AVE NW City State Zip Code WASHINGTON DC 20036 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 3439.64		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 Transaction ID: 12554502 Amount of Each Receipt this Period 528.26
C. Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 CONNECTICUT AVE NW City State Zip Code WASHINGTON DC 20036 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 4457.53		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5 Transaction ID: 12554503 Amount of Each Receipt this Period 1017.89

SUBTOTAL of Receipts This Page (optional)	▶	2169.58
TOTAL This Period (last page this line number only)	▶	3302.52

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 140 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Enzi For Us Senate

Mailing Address PO Box 2775

City State Zip Code
Cody WY 82414

Purpose of Disbursement

Candidate Name
Sen. Michael B. Enzi

Office Sought: House Disbursement For: 2003
☒ Senate Primary General
 President
 State: WY District 2 ☒ Other (specify) ▼
 2008 Primary

011
Category/
Type

Transaction ID: 7980350

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Roy Blunt

Mailing Address PO Box 50100

City State Zip Code
Springfield MO 65805

Purpose of Disbursement

Candidate Name
Rep. Roy Blunt

Office Sought: ☒ House Disbursement For: 2006
 Senate Primary General
 President
 State: MO District 7 ☒ Other (specify) ▼
 2008 Primary

011
Category/
Type

Transaction ID: 7980352

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ERIC PAC

Mailing Address 209 Pennsylvania Ave., SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement

Void - ERIC PAC

Candidate Name

011
Category/
Type

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

Transaction ID: 7985512

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

-2500.00

Void - ERIC PAC

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 141 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. ERIC PAC

Mailing Address 209 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

State: District

011
Category/
Type

Transaction ID: 7985761

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LEAD PAC

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

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

State: District

011
Category/
Type

Transaction ID: 7985840

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Dewine For Us Senate

Mailing Address PO Box 340188

City Columbus State OH Zip Code 43234

Purpose of Disbursement

Candidate Name
Senator Mike DeWine

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
X Other (specify) 2006 Primary

State: OH District 1

011
Category/
Type

Transaction ID: 8020077

Date of Disbursement

07 / 21 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 142 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ensign For Senate

Mailing Address PO Box 26568

City
Las Vegas

State
NV

Zip Code
89126

Purpose of Disbursement

Candidate Name

Sen. John E. Ensign

Office Sought:

House

☒ Senate

President

State: NV

District: 2

Disbursement For:

2006

Primary

General

☒ Other (specify) ▼

2006 General

011

Category/
Type

Transaction ID: B020131

Date of Disbursement

07 / 21 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Johnson For Congress Committee

Mailing Address P.O. Box 1086

City
New Britain

State
CT

Zip Code
06050

Purpose of Disbursement

Candidate Name

Rep. Nancy L. Johnson

Office Sought:

☒ House

Senate

President

State: CT

District: 5

Disbursement For:

2006

Primary

General

☒ Other (specify) ▼

2006 Primary

011

Category/
Type

Transaction ID: B023655

Date of Disbursement

07 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pete Sessions For Congress 2006

Mailing Address Post Office Box 38585

City
Dallas

State
TX

Zip Code
75238

Purpose of Disbursement

Candidate Name

Rep. Pete Sessions

Office Sought:

☒ House

Senate

President

State: TX

District: 32

Disbursement For:

2006

Primary

General

☒ Other (specify) ▼

2006 Primary

011

Category/
Type

Transaction ID: 8502968

Date of Disbursement

08 / 03 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 143 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sue Myrick For Congress

Mailing Address P.O. Box 37091

City
Charlotte

State
NC

Zip Code
28237

Purpose of Disbursement

Candidate Name
Rep. Sue Wilkins Myrick

Office Sought: ☒ House
Senate
President

State: NC District 9

Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: B977064

Date of Disbursement

08 / 17 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee '08

Mailing Address PO Box 1486

City
Louisville

State
KY

Zip Code
40201

Purpose of Disbursement

Candidate Name
Sen. Mitch McConnell

Office Sought: ☒ House
Senate
President

State: KY District 2

Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: B977062

Date of Disbursement

08 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City
Houston

State
TX

Zip Code
77222

Purpose of Disbursement

Candidate Name
Rep. Gene Green

Office Sought: ☒ House
Senate
President

State: TX District 29

Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 8987379

Date of Disbursement

08 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 144 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 6
Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: B987738

Date of Disbursement

08 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pete Sessions For Congress 2006

Mailing Address Post Office Box 38585

City State Zip Code
Dallas TX 75238

Purpose of Disbursement

Candidate Name
Rep. Pete Sessions

Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 32
Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: B987016

Date of Disbursement

08 / 22 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends Of George Allen

Mailing Address PO Box 6859

City State Zip Code
Arlington VA 22208

Purpose of Disbursement

Candidate Name
Mr. George Allen

Office Sought: ☐ House ☒ Senate ☐ President
State: VA District: 2
Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: B987451

Date of Disbursement

08 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 145 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City
Everett

State
WA

Zip Code
98206

Purpose of Disbursement

Candidate Name
Rep. Rick Larsen

Office Sought: ☒ House
Senate
President

State: WA District 2

Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 9107280

Date of Disbursement

08 / 26 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Sherrod Brown

Mailing Address 607 14th Street N.W.
Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Candidate Name
Rep. Sherrod Brown

Office Sought: ☒ House
Senate
President

State: OH District 13

Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 9150855

Date of Disbursement

08 / 31 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Kay Granger Campaign Fund

Mailing Address 715 Jones Street Suite 101

City
Fort Worth

State
TX

Zip Code
76102

Purpose of Disbursement

Candidate Name
Rep. Kay Granger

Office Sought: ☒ House
Senate
President

State: TX District 12

Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 9160194

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 146 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sue Kelly For Congress

Mailing Address PO Box 599

City
Katonah

State
NY

Zip Code
10536

Purpose of Disbursement

Candidate Name
Rep. Sue W. Kelly

Office Sought: ☒ House
Senate
President

State: NY District 19

Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 9180198

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310

City
Minnetonka

State
MN

Zip Code
55305

Purpose of Disbursement

Candidate Name
Rep. Jim M. Ramstad

Office Sought: ☒ House
Senate
President

State: MN District 3

Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 9180200

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Chocola For Congress Inc

Mailing Address PO Box 6728

City
South Bend

State
IN

Zip Code
46860

Purpose of Disbursement

Candidate Name
Rep. Christopher Chocola

Office Sought: ☒ House
Senate
President

State: IN District 2

Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 9180193

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 148 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Kennedy 06

Mailing Address PO Box 49333

City Blaine State MN Zip Code 55449

Purpose of Disbursement

Candidate Name
Mr. Mark Kennedy

Office Sought: House Disbursement For: 2006
☒ Senate Primary General
 President
 State: MN District: 2 ☒ Other (specify) ▼
 2006 Primary

011
Category/
Type

Transaction ID: 9878982

Date of Disbursement

09 / 20 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Roskam For Congress Committee

Mailing Address 141 Shelley Lane

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

Candidate Name
Mr. Peter Roskam

Office Sought: ☒ House Disbursement For: 2006
 Senate Primary General
 President
 State: IL District: 6 ☒ Other (specify) ▼
 2006 Primary

011
Category/
Type

Transaction ID: 9878989

Date of Disbursement

09 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address P.O. Box 480

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

Candidate Name
Rep. Fred Upton

Office Sought: ☒ House Disbursement For: 2006
 Senate Primary General
 President
 State: MI District: 6 ☒ Other (specify) ▼
 2006 Primary

011
Category/
Type

Transaction ID: 9979341

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 149 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8831

City
Fremont

State
CA

Zip Code
94537

Purpose of Disbursement

Candidate Name

Rep. Fortney Peter Stark

Office Sought: ☒ House
Senate
President

State: CA District: 13

Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011

Category/
Type

Transaction ID: 9979347

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dave Camp For Congress 2006

Mailing Address 5915 Eastman Ave. Suite 100

City
Midland

State
MI

Zip Code
48640

Purpose of Disbursement

Candidate Name

Rep. David Lee Camp

Office Sought: ☒ House
Senate
President

State: MI District: 4

Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011

Category/
Type

Transaction ID: 9979340

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PRYCE Project

Mailing Address 1155 21st St., NW
Suite 300

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For:
Primary General
Other (specify) ▼

011

Category/
Type

Transaction ID: 9979346

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 150 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. TOMPAC

Mailing Address Together for Our Majority
PO Box 1848B

City Arlington State VA Zip Code 22215

Purpose of Disbursement

Candidate Name

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

State: District

011
Category/
Type

Transaction ID: 9979344

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Kenny Marchant For Congress

Mailing Address PO Box 110187

City Carrollton State TX Zip Code 75011

Purpose of Disbursement

Candidate Name
Mr. Kenny Marchant

Office Sought: ☒ House Senate President
Disbursement For: 2006 Primary General
☒ Other (specify) ▼

State: TX District 24 2006 Primary

011
Category/
Type

Transaction ID: 9979342

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dave Wu For Congress

Mailing Address B18 Sw 3rd St #1182

City Portland State OR Zip Code 97205

Purpose of Disbursement

Candidate Name
Rep. David Wu

Office Sought: ☒ House Senate President
Disbursement For: 2006 Primary General
☒ Other (specify) ▼

State: OR District 1 2006 Primary

011
Category/
Type

Transaction ID: 10092801

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 151 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. KOMPAC

Mailing Address Keeping Our Majority PAC
PO Box 20209

City Alexandria State VA Zip Code 22320

Purpose of Disbursement

Candidate Name

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

State: District

011
Category/
Type

Transaction ID: 10093101

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement

Void - Citizens To Elect Rick Larsen-mem

Candidate Name

Rep. Rick Larsen

Office Sought: ☒ House Senate President
Disbursement For: 2006 Primary General ☒ Other (specify) ▼

State: WA District 2

011
Category/
Type

Transaction ID: 10205257

Date of Disbursement

09 / 30 / 2005

Amount of Each Disbursement this Period

-500.00

Void - Citizens To Elect
Rick Larsen-member not re-
ed

Full Name (Last, First, Middle Initial)

C. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement

Candidate Name

Rep. Rick Larsen

Office Sought: ☒ House Senate President
Disbursement For: 2006 Primary General ☒ Other (specify) ▼

State: WA District 2

011
Category/
Type

Transaction ID: 10205259

Date of Disbursement

10 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 152 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Price For Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name
Mr. Thomas Price

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006
 Primary General
☒ Other (specify) ▼
 2006 Primary

State: GA District: 6

011
Category/
Type

Transaction ID: 10204977

Date of Disbursement

10 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bill Thomas Campaign Committee

Mailing Address PO Box 395

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement

Candidate Name
Rep. William M. Thomas

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006
 Primary General
☒ Other (specify) ▼
 2006 Primary

State: CA District: 22

011
Category/
Type

Transaction ID: 10255518

Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Congressman Joe Barton Committee, The

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement

Candidate Name
Rep. Joe L. Barton

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006
 Primary General
☒ Other (specify) ▼
 2006 Primary

State: TX District: 6

011
Category/
Type

Transaction ID: 10255515

Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 153 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Glacier PAC

Mailing Address 818 Connecticut Ave., NW
Suite 1100

City Washington State DC Zip Code

Purpose of Disbursement

Candidate Name

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

State: District

011
Category/
Type

Transaction ID: 10255D18

Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr Md For Congress Inc

Mailing Address Post Office Box 80126

City Lafayette State LA Zip Code 70508

Purpose of Disbursement

Candidate Name
Mr. Charles Boustany

Office Sought: X House Senate President
Disbursement For: 2006 Primary General X Other (specify) ▼

State: LA District 7

011
Category/
Type

Transaction ID: 10255521

Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pete-PAC

Mailing Address B15 Slaters Lane

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

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

State: District

011
Category/
Type

Transaction ID: 10255508

Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 154 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. ERIC PAC

Mailing Address 209 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

State: District

011
Category/
Type

Transaction ID: 10255487

Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Battle Born Leadership PAC

Mailing Address 1155 21st Street, NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

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

State: District

011
Category/
Type

Transaction ID: 10255505

Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. McCrery For Congress Committee

Mailing Address Post Office Box 52958
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement

Candidate Name
Rep. Jim McCrery

Office Sought: X House Senate President
Disbursement For: 2006 Primary General X Other (specify) ▼
2006 Primary

State: LA District 4

011
Category/
Type

Transaction ID: 10269410

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 155 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jd Hayworth For Congress

Mailing Address 14300 N. Northsight Blvd. #105

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement

Candidate Name
Rep. J.D. Hayworth

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

State: AZ District: 5

011
Category/
Type

Transaction ID: 10289415

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Walsh For Congress Committee

Mailing Address 306 Winkworth Parkway

City State Zip Code
Syracuse NY 13215

Purpose of Disbursement

Candidate Name
Rep. James T. Walsh

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

State: NY District: 25

011
Category/
Type

Transaction ID: 10289409

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Freedom and Democracy Fund

Mailing Address 610 South Blvd

City State Zip Code
Tampa FL 33606

Purpose of Disbursement

Candidate Name

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

State: District:

011
Category/
Type

Transaction ID: 10289422

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 156 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name
Rep. Anna G. Eshoo

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 14
Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 10287468

Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Rep. John D. Dingell

Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 15
Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 10287473

Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Rep. John D. Dingell

Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 15
Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 General

011
Category/
Type

Transaction ID: 10287475

Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 157 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement

Candidate Name
Rep. Steny H. Hoyer

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006 Primary ☐ General ☒ Other (specify) ▼
 2006 Primary

State: MD District 5

011
Category/
Type

Transaction ID: 10287468

Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cubin For Congress Inc

Mailing Address Post Office Box 4657
P O Box 4657

City Casper State WY Zip Code 82604

Purpose of Disbursement

Candidate Name
Rep. Barbara Cubin

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006 Primary ☐ General ☒ Other (specify) ▼
 2006 Primary

State: WY District 1

011
Category/
Type

Transaction ID: 10287758

Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Linder For Congress

Mailing Address P. O. Box 4026

City Duluth State GA Zip Code 30096

Purpose of Disbursement

Candidate Name
Rep. John Linder

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006 Primary ☐ General ☒ Other (specify) ▼
 2006 Primary

State: GA District 7

011
Category/
Type

Transaction ID: 10287471

Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 158 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. LEAD PAC

Mailing Address 104 Hume Avenue

City
Alexandria

State
VA

Zip Code
22301

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 10287477

Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Delahunt For Congress Committee

Mailing Address 333 Victory Road

City
Quincy

State
MA

Zip Code
02171

Purpose of Disbursement

Candidate Name
Rep. William D. Delahunt

Office Sought: ☒ House
Senate
President

State: MA District 10

Disbursement For: 2006
Primary General
☒ Other (specify) ▼

2006 Primary

011
Category/
Type

Transaction ID: 10287480

Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Keller For Congress

Mailing Address P.O. Box 1453

City
Orlando

State
FL

Zip Code
32802

Purpose of Disbursement

Candidate Name
Rep. Richard A. Keller

Office Sought: ☒ House
Senate
President

State: FL District 8

Disbursement For: 2006
Primary General
☒ Other (specify) ▼

2006 Primary

011
Category/
Type

Transaction ID: 10308492

Date of Disbursement

11 / 03 / 2005

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 159 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Congressman Tim Holden

Mailing Address 18 N. Second Street PO Box 37
PO Box 37

City State Zip Code
Saint Clair PA 17970

Purpose of Disbursement

Candidate Name
Rep. Tim Holden

Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 17
Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 10308468

Date of Disbursement

11 / 03 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jefferson Committee

Mailing Address 1723 Valmont Street

City State Zip Code
New Orleans LA 70115

Purpose of Disbursement

Candidate Name
Rep. William J. Jefferson

Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 2
Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 10308752

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Sam Johnson

Mailing Address 1811 Avenue K

City State Zip Code
Plano TX 75074

Purpose of Disbursement

Candidate Name
Rep. Samuel Robert Johnson

Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 3
Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 10308769

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 150 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Heather Wilson For Congress

Mailing Address P.O. Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement

Candidate Name
Rep. Heather A. Wilson

Office Sought: ☒ House
☐ Senate
☐ President

State: NM District 1

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 10396768

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Ensign For Senate

Mailing Address PO Box 26568

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement

Candidate Name
Sen. John E. Ensign

Office Sought: ☐ House
☒ Senate
☐ President

State: NV District 2

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

011
Category/
Type

Transaction ID: 10396740

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

1475.00

Full Name (Last, First, Middle Initial)
C. Fitzpatrick For Congress

Mailing Address 115 North Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement

Candidate Name
Mr. Michael Fitzpatrick

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District 8

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 10396754

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3475.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 151 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Santorum 2006

Mailing Address One Tower Bridge Suite 1440

City West Conshohocken State PA Zip Code 19426

Purpose of Disbursement

Candidate Name
Sen. Rick Santorum

Office Sought: House ☐ Senate ☒ President ☐
State: PA District 2 Disbursement For: 2006 Primary ☐ General ☐ Other (specify) ▼
2006 General

011
Category/
Type

Transaction ID: 10396693

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

9000.00

Full Name (Last, First, Middle Initial)

B. Pickering For Congress

Mailing Address P.O. Box 4297

City Brandon State MS Zip Code 39047

Purpose of Disbursement

Candidate Name
Rep. Charles W. Pickering, Jr.

Office Sought: House ☒ Senate ☐ President ☐
State: MS District 3 Disbursement For: 2006 Primary ☐ General ☐ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 10452111

Date of Disbursement

11 / 17 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

Candidate Name
Rep. Xavier Becerra

Office Sought: House ☒ Senate ☐ President ☐
State: CA District 31 Disbursement For: 2006 Primary ☐ General ☐ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 10452112

Date of Disbursement

11 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 162 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jon Kyl For U S Senate

Mailing Address PO Box 10246

City
Phoenix

State
AZ

Zip Code
85004

Purpose of Disbursement

Candidate Name
Sen. Jon Kyl

Office Sought: House
☒ Senate
 President

State: AZ District 2

Disbursement For: 2006
 Primary General
☒ Other (specify) ▼
 2006 General

011
Category/
Type

Transaction ID: 10453231

Date of Disbursement

11 / 17 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Tom Allen For Congress Committee

Mailing Address P.O. Box 17766

City
Portland

State
ME

Zip Code
04112

Purpose of Disbursement

Candidate Name
Rep. Thomas H. Allen

Office Sought: ☒ House
 Senate
 President

State: ME District 1

Disbursement For: 2006
 Primary General
☒ Other (specify) ▼
 2006 Primary

011
Category/
Type

Transaction ID: 10452020

Date of Disbursement

11 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Allyson Schwartz For Congress

Mailing Address P.O. Box 45706

City
Philadelphia

State
PA

Zip Code
19149

Purpose of Disbursement

Candidate Name
Rep. Allyson L. Schwartz

Office Sought: ☒ House
 Senate
 President

State: PA District 13

Disbursement For: 2006
 Primary General
☒ Other (specify) ▼
 2006 Primary

011
Category/
Type

Transaction ID: 10454712

Date of Disbursement

11 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 153 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. People For English

Mailing Address PO Box 1940

City

Erie

State

PA

Zip Code

16507

Purpose of Disbursement

Candidate Name

Rep. Phil English

Office Sought:

☒ House

☐ Senate

☐ President

State: PA

District 3

Disbursement For:

2006

Primary

☐ General

☒ Other (specify) ▼

2006 Primary

011

Category/
Type

Transaction ID: 10501825

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. A Lot Of People Who Support Jeff Bingaman

Mailing Address PO Box 16210

City

Albuquerque

State

NM

Zip Code

87101

Purpose of Disbursement

Candidate Name

Sen. Jeff Bingaman

Office Sought:

☐ House

☒ Senate

☐ President

State: NM

District 2

Disbursement For:

2006

Primary

☐ General

☒ Other (specify) ▼

2006 General

011

Category/
Type

Transaction ID: 10501506

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Demint For Senate Committee Inc

Mailing Address PO Box 12425

City

Columbia

State

SC

Zip Code

29211

Purpose of Disbursement

Candidate Name

Mr. James Demint

Office Sought:

☐ House

☒ Senate

☐ President

State: SC

District 2

Disbursement For:

2010

Primary

☐ General

☒ Other (specify) ▼

2010 Primary

011

Category/
Type

Transaction ID: 10502281

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 154 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Friends Of Conrad Burns - 2006

Mailing Address PO Box 1596

City Helena State MT Zip Code 59624

Purpose of Disbursement

Candidate Name
 Sen. Conrad Burns

Office Sought: House Disbursement For: 2006
☒ Senate Primary General
 President
 State: MT District 2 ☒ Other (specify) ▼
 2006 Primary

011
 Category/
 Type

Transaction ID: 10501767

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Ben Cardin For Senate

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
 Ben Cardin

Office Sought: House Disbursement For: 2006
☒ Senate Primary General
 President
 State: MD District ☒ Other (specify) ▼
 2006 Primary

011
 Category/
 Type

Transaction ID: 10501766

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name
 Rep. Michael Thompson

Office Sought: ☒ House Disbursement For: 2006
 Senate Primary General
 President
 State: CA District 1 ☒ Other (specify) ▼
 2006 Primary

011
 Category/
 Type

Transaction ID: 10502371

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 155 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Engel For Congress

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement

Candidate Name
Rep. Eliot L. Engel

Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 17
Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 11314119

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Ben Cardin For Senate

Mailing Address 38 Ivy Street, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement

Candidate Name
Ben Cardin

Office Sought: ☐ House ☒ Senate ☐ President
State: MD District:
Disbursement For: 2006
Primary General
☒ Other (specify) ▼
2006 Primary

011
Category/
Type

Transaction ID: 11381032

Date of Disbursement

12 / 21 / 2005

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

136475.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 155 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Andrew I Bern

Mailing Address

9848 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

Purpose of Disbursement

8A05 CNCL CHAL/REF VISA 8138

Candidate Name

010

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District

Transaction ID: 12211564

Date of Disbursement

10 / 05 / 2005

Amount of Each Disbursement this Period

100.00

8A05 CNCL CHAL/REF VISA
8138

SUBTOTAL of Disbursements This Page (optional) ►

100.00

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

100.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 157 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address 545 EAST JOHN CARPENTER FRWY

City IRVING State TX Zip Code 75062

Purpose of Disbursement

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 12554287

Date of Disbursement

07 / 30 / 2005

Amount of Each Disbursement this Period

56.08

Full Name (Last, First, Middle Initial)

B. CHASE BANK

Mailing Address 545 EAST JOHN CARPENTER FRWY

City IRVING State TX Zip Code 75062

Purpose of Disbursement

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 12554354

Date of Disbursement

08 / 31 / 2005

Amount of Each Disbursement this Period

32.02

Full Name (Last, First, Middle Initial)

C. American Red Cross

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District

012
Category/
Type

Transaction ID: 9165876

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2088.10

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 158 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address 545 EAST JOHN CARPENTER FRWY

City IRVING State TX Zip Code 75062

Purpose of Disbursement

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 12554407

Date of Disbursement

09 / 30 / 2005

Amount of Each Disbursement this Period

161.98

Full Name (Last, First, Middle Initial)

B. CHASE BANK

Mailing Address 545 EAST JOHN CARPENTER FRWY

City IRVING State TX Zip Code 75062

Purpose of Disbursement

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 12554420

Date of Disbursement

10 / 30 / 2005

Amount of Each Disbursement this Period

1137.10

Full Name (Last, First, Middle Initial)

C. Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement

Candidate Name
Rep. Bart Gordon

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

State: TN District 6

011
Category/
Type

Transaction ID: 10396758

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

2180.25

SUBTOTAL of Disbursements This Page (optional) ▶

3479.42

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 159 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Washington Court Hotel

Mailing Address 525 New Jersey Avenue, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

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

State: District

011
Category/
Type

Transaction ID: 10396760

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

2180.25

Full Name (Last, First, Middle Initial)

B. CHASE BANK

Mailing Address 545 EAST JOHN CARPENTER FRWY

City IRVING State TX Zip Code 75062

Purpose of Disbursement

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 12554437

Date of Disbursement

11 / 30 / 2005

Amount of Each Disbursement this Period

162.13

Full Name (Last, First, Middle Initial)

C. Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement

Void - Congressman Bart Gordon Committee

Candidate Name

Rep. Bart Gordon

Office Sought: x House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: TN District 6

011
Category/
Type

Transaction ID: 10502510

Date of Disbursement

11 / 30 / 2005

Amount of Each Disbursement this Period

-2180.25

Void - Congressman Bart
Gordon Committee

SUBTOTAL of Disbursements This Page (optional) ▶

162.13

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 170 / 170

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. La Colline Restaurant

Mailing Address 400 North Capitol Street, NW
Suite 175

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 11314120

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

293.00

Full Name (Last, First, Middle Initial)

B. American Red Cross

Mailing Address

City State Zip Code

Purpose of Disbursement
Void - American Red Cross

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

012
Category/
Type

Transaction ID: 12083501

Date of Disbursement

12 / 28 / 2005

Amount of Each Disbursement this Period

-2000.00

Void - American Red Cross

Full Name (Last, First, Middle Initial)

C. CHASE BANK

Mailing Address 545 EAST JOHN CARPENTER FRWY

City IRVING State TX Zip Code 75062

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 12554444

Date of Disbursement

12 / 31 / 2005

Amount of Each Disbursement this Period

155.12

SUBTOTAL of Disbursements This Page (optional) ▶

-1551.88

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

4177.77