

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

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

FOR LINE NUMBER: PAGE 22 / 60

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Eric W. Schmidt		Date of Receipt M / D / Y 05 / 11 / 2004	
Mailing Address 8 Laurel St.		Transaction ID: 2448179	
City Paxton	State MA	Zip Code 01612-1238	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Univ of MA Medical Ctr	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Kay L. Crider		Date of Receipt M / D / Y 05 / 11 / 2004	
Mailing Address 732 N 1851 Diagonal		Transaction ID: 2448180	
City Lecompton	State KS	Zip Code 66050-4114	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kay L. Crider, MD	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. William M. Sherrod		Date of Receipt M / D / Y 05 / 11 / 2004	
Mailing Address 268 Bonnet Way SE		Transaction ID: 2448183	
City Southport	State NC	Zip Code 28461-3067	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer William M. Sherrod, MD	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶

1030.00

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