

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		<input type="text" value="401678.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="401678.81"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="114990.25"/>	<input type="text" value="114990.25"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="516669.06"/>	<input type="text" value="516669.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="440243.79"/>	<input type="text" value="440243.79"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="76425.27"/>	<input type="text" value="76425.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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. 05/2016)

Page 3

Write or Type Committee Name

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2018 To: M M / D D / Y Y Y Y 03 / 31 / 2018

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).....	38287.13	38287.13
(ii) Unitemized	76691.17	76691.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	114978.30	114978.30
(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)	114978.30	114978.30
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.).....	11.95	11.95
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	114990.25	114990.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	114990.25	114990.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2410.53	2410.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2410.53	2410.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	437833.26	437833.26
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	440243.79	440243.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	440243.79	440243.79

DETAILED SUMMARY PAGE
of Disbursements

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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)	114978.30	114978.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	114978.30	114978.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2410.53	2410.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2410.53	2410.53

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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 / American College of Emergency Physicians

A. Aldeen, Amer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11888 Crosscreek Ct
 City Burr Ridge State IL Zip Code 60527-6363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-54
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Auerbach, Bruce, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Charles St S
 1 Charles Street South Unit 1210
 City Boston State MA Zip Code 02116-5447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sturdy Memorial Emergency Physicians Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : 4D4B8A16E6F68F140E96
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Augustine, James, Jerome, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 715 Yankee Trace Dr
 City Dayton State OH Zip Code 45458-3999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-83
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Aulick, Neal, Finley, , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Aaronwoods Ct
 City Wheeling State WV Zip Code 26003-9358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-101
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Barnewolt, Brien, Alfred, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 Greenlawn Ave
 City Newton Center State MA Zip Code 02459-1714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tufts Medical Center EP, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2018
Transaction ID : 40D2A37A50284379CFA7
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Barrow, Leigh, Anderson, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1707 E 43rd St
 City Tulsa State OK Zip Code 74105-4253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-94
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	483.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Bern, Andrew, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9846 NW 18th St
 City Coral Springs State FL Zip Code 33071-5826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 29 / 2018
Transaction ID : 46EB91A732ECFC1B5C53
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Biersbach, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Lakeshore Dr
 City Mooresville State NC Zip Code 28117-7535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Acute Care Solutions Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-105
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Bishop, Michael, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3148
 City Bloomington State IN Zip Code 47402-3148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 23 / 2018
Transaction ID : 1F82919A-AC4F-4403-
 Amount of Each Receipt this Period 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Black, Aislinn, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 257 Grand St
 Apt A
 City Jersey City State NJ Zip Code 07302-4317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Faculty Associates Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 4425BA4D7F38CBA09186
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Blankenship, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7058 Ravens Run
 City Cincinnati State OH Zip Code 45244-3591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-106
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Blum, Frederick, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1470 Point Marion Rd
 City Morgantown State WV Zip Code 26508-1454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Health Associates Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2018
Transaction ID : 401CA8A3AE8F82622824
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Bolden, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3011 Rock Springs Rd
 City Charlotte State NC Zip Code 28226-7357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-85
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Bracey, Jefferson, Dale, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1351 Manorwood St
 City Las Vegas State NV Zip Code 89135-1333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physicians Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2018
Transaction ID : 43AE84AC4003E58F38B4
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Bradstreet, Jennifer, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 S Franklin St
 City Chagrin Falls State OH Zip Code 44022-3450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physicians Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-86
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 117
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Braithwaite, Sabina, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 31608
 City Saint Louis State MO Zip Code 63131-0608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington University - Missouri Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2018
Transaction ID : 424094BBBEB4D06ECA1A
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Brewer, David, Wesley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1429 S 3rd St
 City Louisville State KY Zip Code 40208-2116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Rm Assoc Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2018
Transaction ID : 4EBFA2DAC7B4F24B7A80
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Buzy, Joel, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10409 Snapdragon Pl
 City North Potomac State MD Zip Code 20878-4324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-87
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Casey, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5156 Baker Ridge Dr
 City Columbus State OH Zip Code 43228-1794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physicians Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 21 / 2018**
Transaction ID : 20180327194334-88
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Cetta, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Piney Glen Ct
 City Potomac State MD Zip Code 20854-1411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 01 / 2018**
Transaction ID : 2018021210503-37
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Chakel, Sara, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34160 Navin Ave
 City Livonia State MI Zip Code 48152-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 24 / 2018**
Transaction ID : 48789BD01A5D036D35A1
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Cirillo, L Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91 Woodridge Dr
 City Saunderstown State RI Zip Code 02874-1943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-95
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Clem, Kathleen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 169 Vista Oak Dr
 City Longwood State FL Zip Code 32779-3012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Florida Emergency Physicians Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2018
Transaction ID : 45FCB5E9B6C08EC2B811
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Clements, R, Carter, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5558 Taft Ave
 City Oakland State CA Zip Code 94618-1519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oakcare Medical Group, Inc. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2018
Transaction ID : 423492F49F1BDBA6A62D
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Coomes, Justin, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7762 Westwind Ln
 City Montgomery State OH Zip Code 45242-5008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physicians Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-90
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Cooney, Robert, Raymond, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 Overlook Dr
 City Danville State PA Zip Code 17821-9616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2018
Transaction ID : 49979C7F3C6EBA9B24A7
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Dawson, Brian, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 359 Augusta Dr
 City Abingdon State VA Zip Code 24211-3805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johnston Memorial Hospital, Inc Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2018
Transaction ID : 4141A2B9AD9564960FD2
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
de Moor, Carrie, , ,

Mailing Address 4701 Paxton Ln

City Frisco	State TX	Zip Code 75034-2209
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Code 3 Emergency Doctors	Occupation (for Individual) Emergency Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
649.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2018

Transaction ID : 4D12959D3F635B200FC5

Amount of Each Receipt this Period
208.33

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
de Moor, Carrie, , ,

Mailing Address 4701 Paxton Ln

City Frisco	State TX	Zip Code 75034-2209
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Code 3 Emergency Doctors	Occupation (for Individual) Emergency Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
649.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2018

Transaction ID : 41FCAEDEC0A9338CA432

Amount of Each Receipt this Period
208.33

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
de Moor, Carrie, , ,

Mailing Address 4701 Paxton Ln

City Frisco	State TX	Zip Code 75034-2209
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Code 3 Emergency Doctors	Occupation (for Individual) Emergency Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
649.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2018

Transaction ID : 4BE0842D31676765D71E

Amount of Each Receipt this Period
208.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 117
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. DeAngelis, Sydney, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 E Church St
 City Frederick State MD Zip Code 21701-5404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-112
 Amount of Each Receipt this Period 100.00
 Memo Item

B. DeMartino, Wendy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Little Pine Ln
 City Exeter State NH Zip Code 03833-3109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 286.35

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-116
 Amount of Each Receipt this Period 95.45
 Memo Item

C. Deutsch, Leisa, Rossello, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5710 Red Cedar St
 City Pensacola State FL Zip Code 32507-8313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2018
Transaction ID : 4D7594DC1839D6E31210
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	295.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Doty, Christopher, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 Birmingham Ln
 City Lexington State KY Zip Code 40513-1735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNY Brooklyn Physicians Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 03 / 2018
Transaction ID : 41799044F4053152F1EC
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Dowden, Ryan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2080 Silver Maple Trl
 City North Liberty State IA Zip Code 52317-4765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) East Central Iowa Acute Care Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 01 / 2018
Transaction ID : 4F7E8B7FB02B0DACC51C
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Dreier, Marc, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 295 Richards Rd
 City Ridgewood State NJ Zip Code 07450-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valley Emergency Room Associates Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 19 / 2018
Transaction ID : CD6B0D62-3F62-4F71-
 Amount of Each Receipt this Period 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Dziejdzic, Mark, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 Steele Rd
 City West Hartford State CT Zip Code 06119-1048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeast Emergency Medicine Specialis Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2018
Transaction ID : 2018031911504-46
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Dziejdzic, Mark, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 Steele Rd
 City West Hartford State CT Zip Code 06119-1048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeast Emergency Medicine Specialis Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2018
Transaction ID : 20180327194334-44
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Eakin, Paul, Jeremy, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1455 Hunakai St Apt 1
 City Honolulu State HI Zip Code 96816-5526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-103
 Amount of Each Receipt this Period
 100.00
 Memo Item

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 117
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Felegi, William, Basil, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 731 Red Lion Way
 City Bridgewater State NJ Zip Code 08807-1668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medical Associates New Jerse Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 02 / 11 / 2018
Transaction ID : 49039B845EFE8066D23D
 Amount of Each Receipt this Period 625.00
 Memo Item

B. Ferrand, David, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 Bryna Ln
 City Carnegie State PA Zip Code 15106-1473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-74
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Fijewski, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2509 Minton Dr
 City Coraopolis State PA Zip Code 15108-9207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Resource Management Incorpor Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 28 / 2018
Transaction ID : 4614859E28CE9004F119
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1025.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 117
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Finnell, John, T, , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 S 5th St
 City Zionsville State IN Zip Code 46077-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana University Health Physicians Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2018
Transaction ID : 440C9B1F0D21FA2056FE
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Fitz, Juan, Francisco, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4002 126th St
 City Lubbock State TX Zip Code 79423-1980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Aeromedical Specialist Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 03 / 2018
Transaction ID : 4F77AC62FB554FEFC0AC
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Flanigan, Alan, Thomas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 10187
 City Bedford State NH Zip Code 03110-0187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-53
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Foley, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1133 Pond Cypress Dr
 City Virginia Beach State VA Zip Code 23455-6859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Physicians of Tidewater Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 01 / 03 / 2018
Transaction ID : 4E449F3F4A06BC94B768
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Foley, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1133 Pond Cypress Dr
 City Virginia Beach State VA Zip Code 23455-6859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Physicians of Tidewater Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 02 / 03 / 2018
Transaction ID : 41A49D4E7F955FFA5EB3
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Foley, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1133 Pond Cypress Dr
 City Virginia Beach State VA Zip Code 23455-6859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Physicians of Tidewater Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 03 / 2018
Transaction ID : 41CEAD882C374D9E8E7C
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Forde-Baker, Jenice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Cedar Hill Ct
 City Voorhees State NJ Zip Code 08043-4711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 13 / 2018
Transaction ID : 413BBBD95722B3B4B313
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Freedman, Scott, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12814 Doe Ln
 City Gaithersburg State MD Zip Code 20878-6105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-107
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Garcia-Rodriguez, Raul, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6901 Scenic Dr
 City Yakima State WA Zip Code 98908-2122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TeamHealth Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 29 / 2018
Transaction ID : 4BA5981F68B4503E0386
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Gardner, Angela, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3809 Parr Rd

City Grapevine	State TX	Zip Code 76051-6453
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2018

Transaction ID : 486B88DD4F66FA056203

Amount of Each Receipt this Period
208.34

Memo Item

B. Gardner, Angela, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3809 Parr Rd

City Grapevine	State TX	Zip Code 76051-6453
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2018

Transaction ID : 48B9900BE651E095D63C

Amount of Each Receipt this Period
208.34

Memo Item

C. Gardner, Angela, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3809 Parr Rd

City Grapevine	State TX	Zip Code 76051-6453
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
625.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2018

Transaction ID : 41CFAE2AB8EB5ACB77C3

Amount of Each Receipt this Period
208.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	625.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Garfinkel, Michael, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 S Parkview Ave
 City Bexley State OH Zip Code 43209-1649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-99
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Geary, Daniel, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21910 Helen Ln
 City Leonardtown State MD Zip Code 20650-2220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-68
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Gooch, Christopher, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52675 Timber Dr
 City Bridgeport State OH Zip Code 43912-7724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physicians Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-64
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	266.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 117
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Green, Andrea, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Twin Springs Dr
 City Arlington State TX Zip Code 76016-4027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arlington Emergency Medicine Assoc Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2018
Transaction ID : 4494A85FF5499161B498
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Greenberg, Robert, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1707 Canyon Springs Dr
 City Belton State TX Zip Code 76513-1044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scott & White Department of Emergency Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2018
Transaction ID : 4F618D214B9D53DCBA42
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Groner, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 S Chester Rd
 City Swarthmore State PA Zip Code 19081-2203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Doctors Emergency Services Delaware Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2018
Transaction ID : 48189FF9C54BDEBE802A
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Grossman, Owen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 169 Lake Penchant Ct
 City Houma State LA Zip Code 70360-8322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Envision Physician Services Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2018
Transaction ID : 20180327194334-12
 Amount of Each Receipt this Period
 1200.00
 Memo Item

B. Gupta, Puneet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3472 Bent Trail Dr
 City Ann Arbor State MI Zip Code 48108-9302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2018
Transaction ID : 4A71925F76F62F405EF4
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Guyton, Steven, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Waterfront Dr
 City Pittsburgh State PA Zip Code 15222-4734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-109
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 117
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Haddock, Alison, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8518 Hatton St
 City Houston State TX Zip Code 77025-3808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 29 / 2018
Transaction ID : 4C07A69AC8600972D8E3
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hall, Timothy, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1380 Woodhurst Dr
 City Rock Hill State SC Zip Code 29732-2082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-114
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Heidt, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5106 Sockeye Ct
 City Columbia State MO Zip Code 65203-6489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2018
Transaction ID : 4C7DA31DC11CFEF2FE0A
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 117
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Heine, Carlton, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8108 S Krell Rd
 City Spokane State WA Zip Code 99223-1811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Juneau Emergency Medical Associates Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 05 / 2018
Transaction ID : 4036B7B9E9341514A114
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Hensley, Justin, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5121 Ocean Dr
 City Corpus Christi State TX Zip Code 78412-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Code 3 Emergency Doctors Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 10 / 2018
Transaction ID : 45559713537BB85FF88A
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Herr, David, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 163 Cemetery Rd
 City Union State CT Zip Code 06076-4827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeast Emergency Medicine Specialis Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 225.00

Date of Receipt 03 / 26 / 2018
Transaction ID : 20180327194334-47
 Amount of Each Receipt this Period 37.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	437.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Hirshon, Jon Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1062 River Bay Rd
 City Annapolis State MD Zip Code 21409-4830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt **02 / 07 / 2018**
Transaction ID : 419C950A8B9FF6C02BE0
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Hobbs, Larry, Allen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12717 Brewster Dr Lee Memorial Gulf Coast Med Ctr
 City Fort Myers State FL Zip Code 33908-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Florida Emergency Physicians Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt **03 / 28 / 2018**
Transaction ID : 4102A7D713231A08EFD6
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hughes, Dennis, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 Jacks Cir
 City Shell Knob State MO Zip Code 65747-8398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 325.00

Date of Receipt **03 / 01 / 2018**
Transaction ID : 2018031117205-95
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	425.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Hughes, Dennis, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 Jacks Cir
 City Shell Knob State MO Zip Code 65747-8398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 29 / 2018
Transaction ID : 4DC08AE36F6D78F9A747
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Jenis, Andrew, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Cayuga Heights Rd
 City Ithaca State NY Zip Code 14850-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-56
 Amount of Each Receipt this Period 83.33
 Memo Item

C. John, David, Peter, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Hartley St
 City North Haven State CT Zip Code 06473-4409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeast Emergency Medicine Specialis Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 227.78

Date of Receipt 03 / 26 / 2018
Transaction ID : 20180327194334-48
 Amount of Each Receipt this Period 63.89
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	247.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Jones, Bruce, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 465 Woodard Pl
 Doctors Hosp
 City Powell State OH Zip Code 43065-7448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physicians of Frank Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-60
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Kalaria, Amit, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17804 Cricket Hill Dr
 City Germantown State MD Zip Code 20874-3475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2018
Transaction ID : 3F0376D6-320F-47A8-
 Amount of Each Receipt this Period
 1200.00
 Memo Item

C. Kang, Christopher, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2184 Bobs Hollow Ln
 City Dupont State WA Zip Code 98327-7747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Madigan Army Medical Center Faculty Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : A9D0AF64-EDF3-469F-
 Amount of Each Receipt this Period
 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Kaplan, Julius (Jay), A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 Arabella St
 City New Orleans State LA Zip Code 70115-2031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vuity Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2018
Transaction ID : 4603B58F2099C8CBC48B
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Karber, Nathan, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8525 E 50th Dr
 City Denver State CO Zip Code 80238-3593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fremont Emergency Medical Group Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2018
Transaction ID : 4ACA8BEBCB77EFCF064B
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Karber, Nathan, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8525 E 50th Dr
 City Denver State CO Zip Code 80238-3593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fremont Emergency Medical Group Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2018
Transaction ID : 2018031117205-98
 Amount of Each Receipt this Period 8.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 117
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Katz, Gary, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7195 Wilton Chase

City Dublin	State OH	Zip Code 43017-7079
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2018
Transaction ID : 475EA5FB392E286E2C56

Amount of Each Receipt this Period
 300.00

Memo Item

B. Kerrigan, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Eton Rd

City Longmeadow	State MA	Zip Code 01106-1515
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Baystate Medical Center Emergency Phys	Occupation (for Individual) Emergency Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : 47F6B62AE152A7A73FCF

Amount of Each Receipt this Period
 100.00

Memo Item

C. Kivela, Paul, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1370 Trancas St
 # 336

City Napa	State CA	Zip Code 94558-2912
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Napa Valley Emergency Medical Group	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2018
Transaction ID : 47F1B3555A840FF8C449

Amount of Each Receipt this Period
 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Kuchinski, Joseph, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5869 Heaven View Dr

City Las Vegas	State NV	Zip Code 89135-1296
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018

Transaction ID : 20180327194334-89

Amount of Each Receipt this Period
 100.00

Memo Item

B. Lancaster, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6633 Silver Fox Rd

City Charlotte	State NC	Zip Code 28270-0683
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018

Transaction ID : 20180327194334-76

Amount of Each Receipt this Period
 83.33

Memo Item

C. Land, Larry, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10014 Hazelnut Ct

City Tampa	State FL	Zip Code 33647-3711
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tampa Bay Emergency Physicians	Occupation (for Individual) Emergency Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 624.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2018

Transaction ID : 4DB2BA320BBE9F189735

Amount of Each Receipt this Period
 208.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	391.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Land, Larry, Lee, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10014 Hazelnut Ct

City Tampa	State FL	Zip Code 33647-3711
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tampa Bay Emergency Physicians	Occupation (for Individual) Emergency Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2018

Transaction ID : 4C13BEB3E87D3ADB0D19

Amount of Each Receipt this Period
208.33

Memo Item

B. Land, Larry, Lee, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10014 Hazelnut Ct

City Tampa	State FL	Zip Code 33647-3711
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tampa Bay Emergency Physicians	Occupation (for Individual) Emergency Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2018

Transaction ID : 497BB9F7546090BCB2D7

Amount of Each Receipt this Period
208.33

Memo Item

C. Linder, Jo, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Ridge Ln

City Falmouth	State ME	Zip Code 04105-2478
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2018

Transaction ID : 384BF52C-5C73-4973-

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	916.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Lloyd, Christopher, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2286 Picket Post Ln
 City Columbus State OH Zip Code 43220-2918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physicians of Frank Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 21 / 2018**
Transaction ID : 20180327194334-65
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. Lombino, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Connecticut Ave
 City Greenwich State CT Zip Code 06830-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 21 / 2018**
Transaction ID : 20180327194334-78
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Lotterman, Seth, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Willow Ln
 City West Hartford State CT Zip Code 06107-1149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fremont Emergency Medical Group Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 22 / 2018**
Transaction ID : 4F60AF69EB457642783D
 Amount of Each Receipt this Period **300.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	483.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. MacLean, Craig, Anthony, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 64 Newfields Rd

City Exeter	State NH	Zip Code 03833-4542
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2018

Transaction ID : 453FBB55BDBF9313A0E4

Amount of Each Receipt this Period
100.00

Memo Item

B. MacLean, Craig, Anthony, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 64 Newfields Rd

City Exeter	State NH	Zip Code 03833-4542
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2018

Transaction ID : 4066892CE8FD02ED494A

Amount of Each Receipt this Period
100.00

Memo Item

c. Madar, Merci, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7805 Valderrama Way

City Lakewood Ranch	State FL	Zip Code 34202-5651
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) US Acute Care Solutions	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2018

Transaction ID : 20180327194334-97

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Markowski, Kevin, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 572 White Tail Ridge Dr

City Fairlawn	State OH	Zip Code 44333-3288
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Emergency Medicine Physician Managemen	Occupation (for Individual) Emergency Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018

Transaction ID : 20180327194334-92

Amount of Each Receipt this Period
 100.00

Memo Item

B. Mattke, Angela, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1080 Pebblebrook Rd SE

City Mableton	State GA	Zip Code 30126-5612
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 328.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2018

Transaction ID : 4428AA219EBABA43BA15

Amount of Each Receipt this Period
 300.00

Memo Item

C. Mattke, Angela, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1080 Pebblebrook Rd SE

City Mableton	State GA	Zip Code 30126-5612
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 328.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2018

Transaction ID : 2018031117205-122

Amount of Each Receipt this Period
 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	412.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. McCourt, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9436 Steeplehill Dr
 City Las Vegas State NV Zip Code 89117-7270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physicians Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-81
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. McCrea, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13100 Five Point Rd
 City Perrysburg State OH Zip Code 43551-1340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Physician Services Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2018
Transaction ID : 4A9884673CF6455EC42A
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. McCutcheon, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 McDonald Ave
 City Charlotte State NC Zip Code 28203-5323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2018
Transaction ID : 2018030614356-27
 Amount of Each Receipt this Period
 110.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	510.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. McCutcheon, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 McDonald Ave
 City Charlotte State NC Zip Code 28203-5323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-79
 Amount of Each Receipt this Period
 110.00
 Memo Item

B. McGill, Dennis, Lucas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Camden Rd
 City Hillsborough State NJ Zip Code 08844-3842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medical Associates New Jerse Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2018
Transaction ID : 4205B786DB236062D493
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. McManus, John, Gerard, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1071 Peninsula Xing
 City Evans State GA Zip Code 30809-4311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Augusta University Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2018
Transaction ID : 492A93ECEF2EA805A584
 Amount of Each Receipt this Period
 300.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Meek, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Summer Creek Way
 City Longview State TX Zip Code 75604-3605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Longview Emergency Medical Associates Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 29 / 2018
Transaction ID : 4E379AF31575AEF6E237
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Mitchell, Thomas, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3370 Sweeney Hollow Rd
 City Franklin State TN Zip Code 37064-9575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 01 / 22 / 2018
Transaction ID : C80ADA6AC1DA400AB12D
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Mitchell, Thomas, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3370 Sweeney Hollow Rd
 City Franklin State TN Zip Code 37064-9575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 02 / 20 / 2018
Transaction ID : 5E0554379C8F46178105
 Amount of Each Receipt this Period 300.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Mitchell, Thomas, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3370 Sweeney Hollow Rd
 City Franklin State TN Zip Code 37064-9575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 19 / 2018
Transaction ID : 20180327194334-117
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Mittleman, Craig, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Equestrian Rdg
 City Newtown State CT Zip Code 06470-1869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-66
 Amount of Each Receipt this Period 90.00
 Memo Item

C. Moody, Karolyn, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4622 Sleater Kinney Rd NE
 City Olympia State WA Zip Code 98506-9653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ECI Healthcare Partners Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2018
Transaction ID : 4E25BA47DDC62C32B4AC
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	490.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Moore, Christopher, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 S Holcomb Rd
 City Clarkston State MI Zip Code 48346-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-63
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Mullen, James, B, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Foggs Point Rd
 City Freeport State ME Zip Code 04032-6010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BlueWater Emergency Partners Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2018
Transaction ID : 4A4CA8A4B898B5A4A582
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Murphy, Carla, Elizabeth, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1196 Preserve Cir
 City Golden State CO Zip Code 80401-7045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emer Service Phys, PC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2018
Transaction ID : 478C810E86B209275F0E
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Murrell, Karen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2324 Portola Way

City Sacramento	State CA	Zip Code 95818-3554
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kaiser Permanente Southern Sacramento	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2018

Transaction ID : 4525BE5388E072EBA615

Amount of Each Receipt this Period
300.00

Memo Item

B. Nedza, Susan, Marie, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 812 S Clay St

City Hinsdale	State IL	Zip Code 60521-4541
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Elmhurst Emergency Medical Services Lt	Occupation (for Individual) Emergency Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2018

Transaction ID : 498E9AB696F1C6ED5645

Amount of Each Receipt this Period
100.00

Memo Item

C. Nemeth, Ira, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 217 Lumber St

City Hopkinton	State MA	Zip Code 01748-2307
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UMass Memorial Emer Med	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2018

Transaction ID : 4FA99C1CEB068775D8FB

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Norris, Donald, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10945 Bluffside Dr
 Apt 341
 City Studio City State CA Zip Code 91604-4489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-77
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Norse, Ashley, Booth, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4233 Morena Ln
 City Jacksonville State FL Zip Code 32207-6201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida Health Emergency Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2018
Transaction ID : 41668D49B9E290B89EBF
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Norvell, Jeffrey, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5345 Norwood St
 City Fairway State KS Zip Code 66205-2647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physician Services of Kansas Universit Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2018
Transaction ID : ECD95738-86DE-48D8-
 Amount of Each Receipt this Period
 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. O'Connor, Robert, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 Foxdale Ln
 City Charlottesville State VA Zip Code 22903-9201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Virginia Department of E Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2018
Transaction ID : 404CB9D4698F38442678
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Packo, David, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 854 21st Ct S
 City Naples State FL Zip Code 34102-7616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-70
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Parker, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2113 Woodlawn Ave
 City Virginia Beach State VA Zip Code 23455-1659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2018
Transaction ID : D3293679-CEC6-4478-
 Amount of Each Receipt this Period
 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Powell, Ericka, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Station Stone Ln
 City Lititz State PA Zip Code 17543-5008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 10 / 2018
Transaction ID : 431FBAA8C557E3490DFD
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Rabrich, Jeffrey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Turf Rd
 City Montebello State NY Zip Code 10901-3944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 28 / 2018
Transaction ID : 4442896C8A57EAD8E7A6
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Radford, Shawn, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 263 Shawmont Ave Apt E
 City Philadelphia State PA Zip Code 19128-4219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albert Einstein Medical Center Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-108
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Raubenolt, Amy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4024 W Bath Rd
 City Akron State OH Zip Code 44333-1108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.99

Date of Receipt **02 / 28 / 2018**
Transaction ID : 4383A1B71FA559045D9C
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Raubenolt, Amy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4024 W Bath Rd
 City Akron State OH Zip Code 44333-1108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.99

Date of Receipt **03 / 01 / 2018**
Transaction ID : 2018031117205-150
 Amount of Each Receipt this Period 8.33
 Memo Item

C. Raubenolt, Amy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4024 W Bath Rd
 City Akron State OH Zip Code 44333-1108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.99

Date of Receipt **03 / 28 / 2018**
Transaction ID : 4F8A99794464111942D5
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Rea, R, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7618 Tanglecrest Dr
 City Dallas State TX Zip Code 75254-8021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 28 / 2018
Transaction ID : 4DB690738D388FCE031B
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Reklaitis, Vida, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Honour Ave NW
 City Atlanta State GA Zip Code 30305-1119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northside Emergency Associates Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 42909CF58CD6BB43216E
 Amount of Each Receipt this Period 375.00
 Memo Item

C. Rios, Julio, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Briny Ave Apt 503
 City Pompano Beach State FL Zip Code 33062-6328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2018
Transaction ID : 4F07BDF3F20C0028AC0F
 Amount of Each Receipt this Period 100.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Robinson, Richard, Dean, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Samuels Ave
 Apt 540

City Fort Worth State TX Zip Code 76102-8642

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 03 / 01 / 2018
Transaction ID : 2018031117205-158

Amount of Each Receipt this Period
 100.00

Memo Item

B. Rogers, John, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 28410

City Macon State GA Zip Code 31221-8410

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 03 / 01 / 2018
Transaction ID : 2018031117205-160

Amount of Each Receipt this Period
 100.00

Memo Item

C. Rosenberg, Mark, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 N Ridge Rd

City Denville State NJ Zip Code 07834-9629

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 01 / 27 / 2018
Transaction ID : 4602908578511E24ACBB

Amount of Each Receipt this Period
 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Sasaki, Luke, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7573 Knoll Crest Dr
 City West Bloomfield State MI Zip Code 48322-2650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1200.00

Date of Receipt **02 / 10 / 2018**
Transaction ID : 9090D304-D735-49D8-
 Amount of Each Receipt this Period 1200.00
 Memo Item

B. Satkowiak, Lawrence, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5175 Raintree Dr
 City Parker State CO Zip Code 80134-5233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physicians Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 249.99

Date of Receipt **03 / 21 / 2018**
Transaction ID : 20180327194334-93
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Schwarz, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2604 Cecelia Ave
 City Saint Louis State MO Zip Code 63144-2517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington University - Missouri Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1200.00

Date of Receipt **03 / 22 / 2018**
Transaction ID : 807E7B92-B1E3-4FF3-
 Amount of Each Receipt this Period 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **2483.33**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Scott, David, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4733 N Ridge Dr
 City Akron State OH Zip Code 44333-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-72
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Seaberg, David, Charles, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Furnace St Unit 705
 City Akron State OH Zip Code 44308-1967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 07 / 2018
Transaction ID : 4F59AB3B9156B7ACF0B7
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Shangold, Gregory, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 Beacon Hill Dr
 City Storrs Manfld State CT Zip Code 06268-2756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeast Emergency Medicine Specialis Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 14 / 2018
Transaction ID : 2018031911504-53
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	433.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Shangold, Gregory, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 Beacon Hill Dr
 City Storrs Manfld State CT Zip Code 06268-2756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeast Emergency Medicine Specialis Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2018
Transaction ID : 20180327194334-51
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Sheehy, Michael, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3462 E Lawman Dr
 City Kingman State AZ Zip Code 86401-6591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2018
Transaction ID : 42EC8CA6141F4B45C9F7
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Shellenbarger, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 912 Camelot Dr
 City Hermitage State PA Zip Code 16148-9100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-75
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Shukovsky, Suzy, Schneider, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 399 Main Ave
 Apt 823
 City Norwalk State CT Zip Code 06851-1575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-111
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Sinnott, Annie, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1335 N Bosworth Ave
 # 3PNTHS
 City Chicago State IL Zip Code 60642-2443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-57
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Slabinski, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3004 Edison St NW
 City Uniontown State OH Zip Code 44685-7212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-96
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	283.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Slesinger, Todd, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9821 Palma Vista Way
 City Boca Raton State FL Zip Code 33428-3528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2018
Transaction ID : 405392777F41B6600C30
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Smaltz, Virgil, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Bay View Ter
 City Geneva State NY Zip Code 14456-9768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2018
Transaction ID : 40D28AB881971ADEF8A5
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Smitek, Rachel, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Lakeshore Dr
 City Mooresville State NC Zip Code 28117-7535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physicians Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-104
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Smith, Sullivan, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Medical Center Blvd
 City Cookeville State TN Zip Code 38501-4294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 28 / 2018
Transaction ID : 4C5B955A4069DB902F16
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Snediker, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14713 Tudor Chase Dr
 City Tampa State FL Zip Code 33626-3340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 21 / 2018
Transaction ID : 20180327194334-69
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Sokol, Rachael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7040 NW Beaver Dr
 City Johnston State IA Zip Code 50131-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Iowa Health Emergency Physicians Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 28 / 2018
Transaction ID : 4DFFA6B94419A41924D6
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	683.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Solomon, Robert, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Saddle Ridge Dr
 City Oakdale State PA Zip Code 15071-3726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Resource Management Incorpor Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 15 / 2018
Transaction ID : B08A3446BEEF4A49B94F
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Stack, Steven, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2083 Bridgeport Dr
 City Lexington State KY Zip Code 40502-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TeamHealth Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 02 / 07 / 2018
Transaction ID : 013B9053-9C8F-4191-
 Amount of Each Receipt this Period 1200.00
 Memo Item

C. Starr, Gary, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5012 Russell Ave S
 City Minneapolis State MN Zip Code 55410-2209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2018
Transaction ID : 4F1DB53032724B976B5B
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 117
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Stevenson, Jennifer, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Kenberton Dr
 City Pleasant Ridge State MI Zip Code 48069-1015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ER-One Incorporated Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 10 / 2018
Transaction ID : 4D10A938E5FBA25CAB1D
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Strony, Robert, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2517 Snyderstown Rd
 City Danville State PA Zip Code 17821-7431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 29 / 2018
Transaction ID : 445FA72EAA636285EF66
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Tilden, Fred, Foster, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Bainbridge Rd
 City West Hartford State CT Zip Code 06119-1145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2018
Transaction ID : 4E338C19381780E1238E
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Trotter, David, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 S Ingleside Ave
 City Chicago State IL Zip Code 60615-5013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-73
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Tucker, Cynthia, Jeanne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Warwick Ter
 City Waterford State CT Zip Code 06385-4121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-67
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Tyndall, Joseph, Adrian, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7962 SW 85th Ter
 City Gainesville State FL Zip Code 32608-5792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UF Department of Emergency Medicine Gr Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2018
Transaction ID : 43CABCFE5673577BD618
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Ulmer, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 Broadview Ave
 City Columbus State OH Zip Code 43212-3344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Medicine Physician Managemen Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-115
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Uren, Bradley, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8115 Pettysville Rd
 City Pinckney State MI Zip Code 48169-8281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2018
Transaction ID : 4B4E95A8994115DB1922
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Watling, Bradley, Alan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Viewpoint Ln
 City Mooresville State NC Zip Code 28117-7558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018
Transaction ID : 20180327194334-59
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 117
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Watson, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 Brannon Rd
 City Cumming State GA Zip Code 30041-6405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northside Emergency Associates Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 04 / 2018
Transaction ID : 4A4389312561E2BFA573
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Webb, L Kendall, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6040 Oakbrook Ct
 City Ponte Vedra Beach State FL Zip Code 32082-2052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida Health Emergency Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 29 / 2018
Transaction ID : 4CDE963224F2A310BF93
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Winther, Mark, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 Millingstone Way
 City Altamont State NY Zip Code 12009-4004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bassett Healthcare Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 4FD0ACE09CECE50B4D23
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Wirtz, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Highgate NE

City Ithaca	State NY	Zip Code 14850-1483
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Emergency Medicine Physician Managemen	Occupation (for Individual) Emergency Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2018

Transaction ID : 2018030614356-24

Amount of Each Receipt this Period
116.67

Memo Item

B. Wirtz, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Highgate NE

City Ithaca	State NY	Zip Code 14850-1483
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Emergency Medicine Physician Managemen	Occupation (for Individual) Emergency Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2018

Transaction ID : 20180327194334-71

Amount of Each Receipt this Period
116.67

Memo Item

C. Wisniewski, Michael, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2813 Elmira St

City Denver	State CO	Zip Code 80238-2955
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Emer Service Phys, PC	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2018

Transaction ID : 20180327194334-100

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 117
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Wooster, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 619911
 ACEP
 City Dallas State TX Zip Code 75261-9911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2018
Transaction ID : 40E4AF26F6DAEF981A20
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Wyatt, Thomas, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3925 Drew Ave S
 City Minneapolis State MN Zip Code 55410-1049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2018
Transaction ID : 4C7188CDC13057264CC3
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Yore, Liam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15350 162nd Ave NE
 City Woodinville State WA Zip Code 98072-8932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Sound Emergency Medicine Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2018
Transaction ID : 4BD2839F4E3574190121
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Zayac, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5901 Velasco Ave

City Dallas	State TX	Zip Code 75206-6329
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2018

Transaction ID : 20180327194334-61

Amount of Each Receipt this Period
 100.00

Memo Item

B. Zito, Joseph, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Beaver Dr

City Locust Valley	State NY	Zip Code 11560-2308
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2018

Transaction ID : 439881891E4A02385AA6

Amount of Each Receipt this Period
 300.00

Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	38287.13

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. JPMorgan Chase Bank NA

Mailing Address 1717 Main Street
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement
01/31/18 BANK FEES

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2018

FEC Identification Number

C
Transaction ID : 1C482A8210E
Amount of Each Disbursement this Period
362.27

Memo Item

Full Name (Last, First, Middle Initial)

B. JPMorgan Chase Bank NA

Mailing Address 1717 Main Street
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement
02/28/18 BANK FEES

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C
Transaction ID : FEA66C31F91
Amount of Each Disbursement this Period
2048.26

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

2410.53

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

2410.53

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. 21St Century Majority Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2018

Mailing Address Post Office Box 20475

FEC Identification Number

C C00361956

Transaction ID : 13A1BBC1CF
Amount of Each Disbursement this Period

5000.00

Memo Item

City Atlanta State GA Zip Code 30325-0475

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
21St Century Majority Fund

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) Contribution

Full Name (Last, First, Middle Initial)

B. Alexander For Senate 2020 Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	10	/	2018

Mailing Address 228 S Washington Street
Suite 115

FEC Identification Number

C C00383745

Transaction ID : C2538A0F82C
Amount of Each Disbursement this Period

1000.00

Memo Item

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name
Alexander, Lamar, , ,

Office Sought: House Senate President
Disbursement For: 2020
 Primary General
 Other (specify) Contribution

Full Name (Last, First, Middle Initial)

C. AMERIPAC: The Fund for a Greater America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	08	/	2018

Mailing Address 700 13Th Street NW
Suite 600

FEC Identification Number

C C00271338

Transaction ID : D0494A4A48
Amount of Each Disbursement this Period

5000.00

Memo Item

City Washington State DC Zip Code 20005

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
AMERIPAC: The Fund for a Greater America

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) Contribution

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

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

11000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Barr, Garland, Hale, , IV

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: KY District: 06

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2018

FEC Identification Number

C C00467571

Transaction ID : 6F4E29F7F5E

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Barr, Garland, Hale, , IV

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: KY District: 06

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C C00467571

Transaction ID : 3B5478C08EF

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Andy Harris For Congress

Mailing Address PO Box 426

City Stevensville State MD Zip Code 21666

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Harris, Andrew, P., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MD District: 01

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00435974

Transaction ID : 75BDFFA170

Amount of Each Disbursement this Period

1500.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Angus King For US Senate Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2018

Mailing Address 114 Maine Street Suite 1A
PO Box 368

City Brunswick State ME Zip Code 04011

Purpose of Disbursement
2018 General

011
Category/ Type

FEC Identification Number

C	C00516047
Transaction ID : 30F54285795	
Amount of Each Disbursement this Period	
1000.00	

Candidate Name

King, Angus, Stanley, , Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: ME District:

Memo Item

Full Name (Last, First, Middle Initial)

B. Barragan For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	08	/	2018

Mailing Address 1840 South Gaffey Street #421

City San Pedro State CA Zip Code 90731

Purpose of Disbursement
2018 Primary

011
Category/ Type

FEC Identification Number

C	C00577353
Transaction ID : CF4EF695414	
Amount of Each Disbursement this Period	
1000.00	

Candidate Name

Barragan, Nanette, Diaz, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: CA District: 44

Memo Item

Full Name (Last, First, Middle Initial)

C. Ben Cardin For Senate, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	08	/	2018

Mailing Address P.O. Box 21093

City Catonsville State MD Zip Code 21228

Purpose of Disbursement
2018 General

011
Category/ Type

FEC Identification Number

C	C00411587
Transaction ID : 39A27171DC	
Amount of Each Disbursement this Period	
1500.00	

Candidate Name

Cardin, Benjamin, L., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District:

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Bilirakis For Congress

Mailing Address PO Box 606

City
Tarpon Springs

State
FL

Zip Code
34688-0606

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Bilirakis, Gus, Michael, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2018

FEC Identification Number

C C00408534

Transaction ID : A64D7E5AE2

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bill Cassidy For US Senate

Mailing Address PO Box 80505

City
Baton Rouge

State
LA

Zip Code
70898-0505

Purpose of Disbursement
2020 Primary

011

Category/
Type

Candidate Name

Cassidy, William, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: LA District:

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2018

FEC Identification Number

C C00543983

Transaction ID : B1AFF3A343I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Blue Dog Political Action Committee

Mailing Address PO Box 83142

City
Gaithersburg

State
MD

Zip Code
20883

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Blue Dog Political Action Committee

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00305318

Transaction ID : F8E62FC8F4

Amount of Each Disbursement this Period

5000.00

Memo Item

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

9000.00

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

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

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

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Blue Hen PAC

Mailing Address PO Box 15293

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Blue Hen PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2018

FEC Identification Number

C00493700

Transaction ID : C45C3F62C6

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Fitzpatrick For Congress

Mailing Address PO Box 939

City
Langhorne

State
PA

Zip Code
19047

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Fitzpatrick, Brian, K., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: PA District: 01

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2018

FEC Identification Number

C00607416

Transaction ID : 6F43C5DCBA

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bucshon For Congress

Mailing Address PO Box 250

City
Newburgh

State
IN

Zip Code
47629

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Bucshon, Larry, Dean, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C00468256

Transaction ID : 39BD5EC46A

Amount of Each Disbursement this Period

1500.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Carlos Curbelo Congress

Mailing Address 8724 Sunset Dr
#355

City Miami State FL Zip Code 33173

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Curbelo, Carlos, Luis, ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: FL District: 26

Date of Disbursement

/ /

FEC Identification Number

C C00546846

Transaction ID : 6F03954BAA
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Carlos Curbelo Congress

Mailing Address 8724 Sunset Dr
#355

City Miami State FL Zip Code 33173

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Curbelo, Carlos, Luis, ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: FL District: 26

Date of Disbursement

/ /

FEC Identification Number

C C00546846

Transaction ID : 6C081B645A
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Castor, Katherine, Anne, ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: FL District: 14

Date of Disbursement

/ /

FEC Identification Number

C C00410761

Transaction ID : 05AA27B897
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement 2018 General

011

Candidate Name

Castor, Katherine, Anne, ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 14

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2018

FEC Identification Number

C C00410761

Transaction ID : 66EC9507AB

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement 2018 Primary

011

Candidate Name

McMorris Rodgers, Cathy, , ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2018

FEC Identification Number

C C00390476

Transaction ID : 7904924D8E4

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Charlie Crist For Congress

Mailing Address PO Box 1547

City St. Petersburg State FL Zip Code 33731

Purpose of Disbursement 2018 Primary

011

Candidate Name

Crist, Charlie, J., ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 13

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2018

FEC Identification Number

C C00590067

Transaction ID : F9202551F9E

Amount of Each Disbursement this Period

2000.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Chuck Fleischmann For Congress Committee, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	29	/	2018

Mailing Address P.O. Box 11091

FEC Identification Number

C C00461822

City Chattanooga State TN Zip Code 37401

Transaction ID : 8D7C9D5B5D

Purpose of Disbursement 2018 Primary

011
Category/
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Fleischmann, Charles, J., ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: TN District: 03

Full Name (Last, First, Middle Initial)

B. Citizens For Turner

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2018

Mailing Address 120 W 2Nd Street Suite 1510

FEC Identification Number

C C00373001

City Dayton State OH Zip Code 45402-1603

Transaction ID : 574E43FAAC

Purpose of Disbursement 2018 Primary

011
Category/
Type

Amount of Each Disbursement this Period

500.00

Candidate Name

Turner, Michael, R., ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: OH District: 10

Full Name (Last, First, Middle Initial)

C. Citizens For Turner

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	08	/	2018

Mailing Address 120 W 2Nd Street Suite 1510

FEC Identification Number

C C00373001

City Dayton State OH Zip Code 45402-1603

Transaction ID : C59DA25325

Purpose of Disbursement 2018 Primary

011
Category/
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Turner, Michael, R., ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: OH District: 10

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. CMR Political Action Committee

Mailing Address PO Box 2485

City
Springfield

State
VA

Zip Code
22152-0485

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

CMR Political Action Committee

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 10 / 2018

FEC Identification Number

C C00469429

Transaction ID : 8B1BE14896

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CMR Political Action Committee

Mailing Address PO Box 2485

City
Springfield

State
VA

Zip Code
22152-0485

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

CMR Political Action Committee

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 14 / 2018

FEC Identification Number

C C00469429

Transaction ID : 43A87ED2F0

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Coffman For Congress 2018

Mailing Address 4950 S Yosemite Street F2 #511

City
Greenwood Village

State
CO

Zip Code
80111

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Coffman, Michael, H., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 29 / 2018

FEC Identification Number

C C00629287

Transaction ID : BD3878C8D5

Amount of Each Disbursement this Period

1000.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Collins For Congress

Mailing Address PO Box 386

City
Clarence

State
NY

Zip Code
14031-0386

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Collins, Christopher, Carl, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00520379

Transaction ID : B00EDF4375

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Common Sense Colorado

Mailing Address PO Box 1978

City
Denver

State
CO

Zip Code
80201

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Common Sense Colorado

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2018

FEC Identification Number

C C00491936

Transaction ID : 576C67F45CE

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Common Sense Colorado

Mailing Address PO Box 1978

City
Denver

State
CO

Zip Code
80201

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Common Sense Colorado

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2018

FEC Identification Number

C C00491936

Transaction ID : B1235A28A1

Amount of Each Disbursement this Period

2500.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Continuing America's Strength And Security PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	10	/	2018

Mailing Address PO Box 80505

FEC Identification Number

C C00480228

City
Baton Rouge

State
LA

Zip Code
70898

Transaction ID : 75D573FCE3:
Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name

Continuing America's Strength And Security PAC

Office Sought:
 House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. Cramer For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2018

Mailing Address PO Box 396

FEC Identification Number

C C00504704

City
Bismarck

State
ND

Zip Code
58502-0396

Transaction ID : 18580C80813:
Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name

Cramer, Kevin, John, ,

Office Sought:
 House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: ND District:

Memo Item

Full Name (Last, First, Middle Initial)

C. Crowley For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	15	/	2018

Mailing Address 80-22 Northern Blvd.

FEC Identification Number

C C00338954

City
Jackson Heights

State
NY

Zip Code
11372

Transaction ID : 08925992FEI:
Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name

Crowley, Joseph, , ,

Office Sought:
 House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 14

Memo Item

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

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

10500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. David Rouzer For Congress

Mailing Address PO Box 3142

City Wilmington State NC Zip Code 28406

Purpose of Disbursement 2018 Primary

011

Category/Type

Candidate Name Rouzer, David, Cheston, ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: NC District: 07

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C C00501643

Transaction ID : B5C26E80F3
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DCCC

Mailing Address 430 South Capitol Street, SE
2Nd Floor

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement 2018 Contribution

011

Category/Type

Candidate Name DCCC

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2018

FEC Identification Number

C C00000935

Transaction ID : 7E10894B9B4
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DCCC

Mailing Address 430 South Capitol Street, SE
2Nd Floor

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement 2018 Contribution

011

Category/Type

Candidate Name DCCC

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2018

FEC Identification Number

C C00000935

Transaction ID : 56A66AEDA
Amount of Each Disbursement this Period

5000.00

Memo Item

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

12500.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. DCCC

Mailing Address 430 South Capitol Street, SE
2Nd Floor

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
2018 Contribution

Category/
Type

Candidate Name
DCCC

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 681AECF044

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. DCCC

Mailing Address 430 South Capitol Street, SE
2Nd Floor

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
2018 Contribution

Category/
Type

Candidate Name
DCCC

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 19986C95CE/

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. DelBene for Congress

Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement
2018 Primary

Category/
Type

Candidate Name
DelBene, Suzan, Kay, ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WA District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : F6F091CEE1

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Denali Leadership PAC

Date of Disbursement

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

Mailing Address 701 8Th Street NW
Suite 500

City Washington State DC Zip Code 20001

FEC Identification Number

C C00438291

Transaction ID : B337B7FA94!
Amount of Each Disbursement this Period

5000.00

Memo Item

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name

Denali Leadership PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

State: District:

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	8

Mailing Address P.O. Box 6545

City Visalia State CA Zip Code 93290-6545

FEC Identification Number

C C00370056

Transaction ID : 56F710709BF
Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name

Nunes, Devin, G., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 22

Full Name (Last, First, Middle Initial)

C. Dirigo PAC

Date of Disbursement

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

Mailing Address PO Box 1355

City Alexandria State VA Zip Code 22313

FEC Identification Number

C C00391797

Transaction ID : 37702B53A6!
Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name

Dirigo PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

State: District:

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Doing Right - Results Action Unity Leadership PAC Dr Raul PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2018

Mailing Address PO Box 3433

FEC Identification Number

C C00569871

Transaction ID : 0D2C8840847

Amount of Each Disbursement this Period

5000.00

Memo Item

City: Palm Desert
State: CA
Zip Code: 92261

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
Doing Right - Results Action Unity Leadership PAC Dr Raul PAC

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

Full Name (Last, First, Middle Initial)

B. Donovan For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	29	/	2018

Mailing Address PO Box 60530

FEC Identification Number

C C00571869

Transaction ID : EE2C52DC7D

Amount of Each Disbursement this Period

2000.00

Memo Item

City: Staten Island
State: NY
Zip Code: 10306-1333

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Donovan, Daniel, M., ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District: 11

Full Name (Last, First, Middle Initial)

C. Dr. Brian Babin For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	08	/	2018

Mailing Address PO Box 159

FEC Identification Number

C C00553859

Transaction ID : 1DC29E5C67

Amount of Each Disbursement this Period

2000.00

Memo Item

City: Woodville
State: TX
Zip Code: 75979-0159

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Babin, Brian, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)

State: TX District: 36

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

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

9000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Drew Ferguson For Congress Inc.

Mailing Address PO Box 387

City
West Point

State
GA

Zip Code
31833-0387

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Ferguson, A. Drew, , , IV

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 03

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2018

FEC Identification Number

C C00607838

Transaction ID : 574ED6F835E

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DSCC

Mailing Address 120 Maryland Ave NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

DSCC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2018

FEC Identification Number

C C00042366

Transaction ID : 23785D9FBB!

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dutch Ruppensberger For Congress Committee

Mailing Address PO Box 231

City
Lutherville

State
MD

Zip Code
21094

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Ruppensberger, C.A., Dutch, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C C00376673

Transaction ID : 1AA0D2CBD

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

17000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Dutch Ruppensberger For Congress Committee

Mailing Address PO Box 231

City Lutherville State MD Zip Code 21094

Purpose of Disbursement 2018 General

011

Candidate Name

Ruppensberger, C.A., Dutch, ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District: 02

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00376673

Transaction ID : D3DB7B07AE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Elise For Congress

Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement 2018 General

011

Candidate Name

Stefanik, Elise, M., ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 21

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2018

FEC Identification Number

C C00547893

Transaction ID : 99F8A02A045

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. E-PAC

Mailing Address PO Box 500

City Glen Falls State NY Zip Code 12801

Purpose of Disbursement 2018 Contribution

011

Candidate Name

E-PAC

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2018

FEC Identification Number

C C00570945

Transaction ID : 47A5FCA92E

Amount of Each Disbursement this Period

1000.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Excelsior PAC

Mailing Address 824 S Milledge Ave Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name

Excelsior PAC

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00541078

Transaction ID : BB5B0F0247
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Cheri Bustos

Mailing Address PO Box 65322

City Washington State DC Zip Code 20035

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name

Bustos, Cheryl, L., ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IL District: 17

Date of Disbursement

/ /

FEC Identification Number

C C00498568

Transaction ID : 4CA1ABF19E
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name

Joyce, David, Patrick, ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: OH District: 14

Date of Disbursement

/ /

FEC Identification Number

C C00527457

Transaction ID : 6F3F9E3823
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Friends Of Elizabeth Esty

Mailing Address PO Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement 2018 Primary

011

Candidate Name Esty, Elizabeth, H., ,

Category/Type

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: CT District: 05

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2018

FEC Identification Number

C C00494203

Transaction ID : F5C206F472E

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement 2018 General

011

Candidate Name Paulsen, Erik, , ,

Category/Type

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: MN District: 03

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2018

FEC Identification Number

C C00439661

Transaction ID : DD4AF8696F1

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Glenn Thompson

Mailing Address 400 N. Michael Street

City St. Marys State PA Zip Code 15857

Purpose of Disbursement 2018 Primary

011

Candidate Name Thompson, Glenn, W., ,

Category/Type

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: PA District: 15

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2018

FEC Identification Number

C C00444620

Transaction ID : 7E0B9F613C

Amount of Each Disbursement this Period

1000.00

Memo Item

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Friends Of Maria

Mailing Address PO Box 12740

City
Seattle

State
WA

Zip Code
98111

Purpose of Disbursement
2018 Primary

011

Candidate Name

Cantwell, Maria, Elaine, ,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: WA

District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00349506

Transaction ID : 113CA7DB5F

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Mark Warner

Mailing Address 201 North Union Street
Suite 300

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
2020 Primary

011

Candidate Name

Warner, Mark, Robert, ,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: VA

District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C C00438713

Transaction ID : 3AE70209BB!

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Raja For Congress

Mailing Address PO Box 681202

City
Schaumburg

State
IL

Zip Code
60168

Purpose of Disbursement
2018 General

011

Candidate Name

Krishnamoorthi, S. Raja, , ,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: IL

District: 08

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2018

FEC Identification Number

C C00575092

Transaction ID : 549D6E6216I

Amount of Each Disbursement this Period

1000.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Friends Of Raja For Congress

Mailing Address PO Box 681202

City
Schaumburg

State
IL

Zip Code
60168

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Krishnamoorthi, S. Raja, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	08	/	2018

FEC Identification Number

C C00575092

Transaction ID : 5CFF43A377!

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Future Forum PAC

Mailing Address PO Box 83142

City
Gaithersburg

State
MD

Zip Code
20883

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Future Forum PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	17	/	2018

FEC Identification Number

C C00625988

Transaction ID : E31F4BF87DI

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Getting Stuff Done PAC (GSD-PAC)

Mailing Address PO Box 7586

City
Phoenix

State
AZ

Zip Code
85011

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Getting Stuff Done PAC (GSD-PAC)

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2018

FEC Identification Number

C C00571182

Transaction ID : 6C76091742I

Amount of Each Disbursement this Period

2500.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Getting Stuff Done PAC (GSD-PAC)

Mailing Address PO Box 7586

City
Phoenix

State
AZ

Zip Code
85011

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Getting Stuff Done PAC (GSD-PAC)

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C C00571182

Transaction ID : 0D1821819Cf

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Gillibrand For Senate

Mailing Address 126 C Street NW
2Nd Floor

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Gillibrand, Kirsten, Elizabeth, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District:

Contribution

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00413914

Transaction ID : BDA44D4FE1

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Healthcare Freedom Fund

Mailing Address PO Box 2485

City
Springfield

State
VA

Zip Code
22152

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Healthcare Freedom Fund

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2018

FEC Identification Number

C C00528414

Transaction ID : 89BA02D304

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

9000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Holding Onto Oregon's Priorities

Mailing Address PO Box 3314

City: Portland State: OR Zip Code: 97208

Purpose of Disbursement: 2018 Contribution

011
Category/Type

Candidate Name

Holding Onto Oregon's Priorities

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C C00392738

Transaction ID : 9CEFD3FE83

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotel Duval

Mailing Address 3717 S. Conway Road

City: Orlando State: FL Zip Code: 32812

Purpose of Disbursement: In-kind contribution to Mike Miller For Congress

011
Category/Type

Candidate Name

Miller, Mike, , ,

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General
 Other (specify)

State: FL District: 07

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2018

FEC Identification Number

C C00648816

Transaction ID : V8BB56BE88

Amount of Each Disbursement this Period

833.26

In-Kind

Memo Item

Full Name (Last, First, Middle Initial)

C. Hoyer For Congress

Mailing Address 700 13Th Street NW Suite 600

City: Washington State: DC Zip Code: 20005

Purpose of Disbursement: 2018 Primary

011
Category/Type

Candidate Name

Hoyer, Steny, Hamilton, ,

Office Sought: House Senate President
 Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2018

FEC Identification Number

C C00140715

Transaction ID : 062FE7374E1

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

8333.26

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 700 13Th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Hoyer, Steny, Hamilton, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2018

FEC Identification Number

C C00140715

Transaction ID : 4DAE9DD801

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hudson For Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Hudson, Richard, Lane, , Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: NC District: 08

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2018

FEC Identification Number

C C00504522

Transaction ID : 5F0F390F2C0

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. IMPACT

Mailing Address 192 Lexington Ave.
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
IMPACT

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C C00348607

Transaction ID : BAEBAC03F

Amount of Each Disbursement this Period

2500.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. IMPACT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2018

Mailing Address 192 Lexington Ave.
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2018 Contribution

011
Category/ Type

FEC Identification Number

C	C00348607
Transaction ID : F24145AD6F	
Amount of Each Disbursement this Period	
	2500.00

Candidate Name

IMPACT

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. JET PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2018

Mailing Address PO Box 2385

City Ottawa State IL Zip Code 61350

Purpose of Disbursement
2018 Contribution

011
Category/ Type

FEC Identification Number

C	C00522425
Transaction ID : 8900EF08E52	
Amount of Each Disbursement this Period	
	5000.00

Candidate Name

JET PAC

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Joe Kennedy For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2018

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement
2018 Primary

011
Category/ Type

FEC Identification Number

C	C00512970
Transaction ID : D080114564	
Amount of Each Disbursement this Period	
	2500.00

Candidate Name

Kennedy, Joseph, Patrick, , III

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

Memo Item

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

10000.00

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

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**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Josh Gottheimer For Congress

Mailing Address PO Box 584

City
Ridgewood

State
NJ

Zip Code
07451

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Gottheimer, Joshua, S., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2018

FEC Identification Number

C C00573949

Transaction ID : E34F3E39214

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kaine For Virginia

Mailing Address 1751 Potomac Greens Drive

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Kaine, Timothy, Michael, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: VA District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00495358

Transaction ID : 47819F30995I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5Th Avenue S
Room 411

City
La Crosse

State
WI

Zip Code
54601

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Kind, Ronald, James, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00312017

Transaction ID : 001D16D6FD

Amount of Each Disbursement this Period

2500.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial) A. Kurt Schrader For Congress		Date of Disbursement MM / DD / YYYY 01 / 17 / 2018
Mailing Address PO Box 3314		FEC Identification Number C00446906 Transaction ID : 5894BFFD13 Amount of Each Disbursement this Period 1500.00
City Oregon City	State OR	Zip Code 97045
Purpose of Disbursement 2018 Primary		011 Category/ Type
Candidate Name Schrader, Kurt, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 05	

Full Name (Last, First, Middle Initial) B. Kurt Schrader For Congress		Date of Disbursement MM / DD / YYYY 02 / 08 / 2018
Mailing Address PO Box 3314		FEC Identification Number C00446906 Transaction ID : 14292A16C09 Amount of Each Disbursement this Period 2500.00
City Oregon City	State OR	Zip Code 97045
Purpose of Disbursement 2018 General		011 Category/ Type
Candidate Name Schrader, Kurt, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 05	

Full Name (Last, First, Middle Initial) C. Kuster For Congress, Inc		Date of Disbursement MM / DD / YYYY 01 / 31 / 2018
Mailing Address PO Box 1498		FEC Identification Number C00462861 Transaction ID : DD449DC4D Amount of Each Disbursement this Period 2000.00
City Concord	State NH	Zip Code 03302
Purpose of Disbursement 2018 Primary		011 Category/ Type
Candidate Name Kuster, Ann, McLane, ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District: 02	

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

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

6000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial) A. LaHood for Congress		Date of Disbursement MM / DD / YYYY 01 / 31 / 2018
Mailing Address P.O. Box 10735		FEC Identification Number C00575050 Transaction ID : 4F26AA1802f Amount of Each Disbursement this Period 2500.00
City Peoria	State IL	Zip Code 61612
Purpose of Disbursement 2018 Primary		011 Category/ Type
Candidate Name LaHood, Darin, M., ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 18	

Full Name (Last, First, Middle Initial) B. LaHood for Congress		Date of Disbursement MM / DD / YYYY 02 / 08 / 2018
Mailing Address P.O. Box 10735		FEC Identification Number C00575050 Transaction ID : E774EEB321z Amount of Each Disbursement this Period 2500.00
City Peoria	State IL	Zip Code 61612
Purpose of Disbursement 2018 General		011 Category/ Type
Candidate Name LaHood, Darin, M., ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 18	

Full Name (Last, First, Middle Initial) C. LEGPAC		Date of Disbursement MM / DD / YYYY 03 / 14 / 2018
Mailing Address 38 IVy St., SE		FEC Identification Number C00385534 Transaction ID : F33F4B7DB3 Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2018 Contribution		011 Category/ Type
Candidate Name LEGPAC		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
State:	District:	

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

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

10000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Lone Star Leadership PAC

Mailing Address PO Box 30844

City
Bethesda

State
MD

Zip Code
20824-0844

Purpose of Disbursement
2018 Contribution

011

Candidate Name

Lone Star Leadership PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

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

FEC Identification Number

C C00415208

Transaction ID : E45C677DF4

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC--Mc PAC

Mailing Address PO Box 10134

City
Bakersfield

State
CA

Zip Code
93389-0134

Purpose of Disbursement
2018 Contribution

011

Candidate Name

Majority Committee PAC--Mc PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

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

FEC Identification Number

C C00428052

Transaction ID : F5B7F7A1A7I

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Making A Responsible Stand For Households In America PAC

Mailing Address PO Box 3241

City
Brentwood

State
TN

Zip Code
37024

Purpose of Disbursement
2018 Contribution

011

Candidate Name

Making A Responsible Stand For Households In America PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	8

FEC Identification Number

C C00409276

Transaction ID : 4452BCE90C

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Marino For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement 2018 Primary

Candidate Name Marino, Thomas, Anthony, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 12

Date of Disbursement: 01 / 10 / 2018

FEC Identification Number: C00475145
Transaction ID : 8A85491A12E
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. Marsha For Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement 2018 General

Candidate Name Blackburn, Marsha, Wedgeworth, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: TN District:

Date of Disbursement: 03 / 14 / 2018

FEC Identification Number: C00376939
Transaction ID : B6204F3317A
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

C. Mast For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3016

City Stuart State FL Zip Code 34995

Purpose of Disbursement 2018 Primary

Candidate Name Mast, Brian, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 18

Date of Disbursement: 02 / 08 / 2018

FEC Identification Number: C00632257
Transaction ID : 50BB44D2F0
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement 2018 Primary

Category/
Type

Candidate Name Matsui, Doris, O., ,

Office Sought: House Senate President
State: CA District: 05

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 15F1FD67CD
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. McCaskill For Missouri

Mailing Address PO Box 300077

City St Louis State MO Zip Code 63130

Purpose of Disbursement 2018 Primary

Category/
Type

Candidate Name McCaskill, Claire, Conner, ,

Office Sought: House Senate President
State: MO District:

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 5D32857B02E
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. McKinley For Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement 2018 Primary

Category/
Type

Candidate Name McKinley, David, B., ,

Office Sought: House Senate President
State: WV District: 01

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 2C148B3463
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. McKinley For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement 2018 General

Candidate Name McKinley, David, B., ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: WV District: 01

Date of Disbursement: 03 / 14 / 2018

FEC Identification Number: C00473132
Transaction ID : CB9D8D9554
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. McSally For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 19128

City Tucson State AZ Zip Code 85731-9128

Purpose of Disbursement 2018 Primary

Candidate Name McSally, Martha, Elizabeth, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: AZ District: 02

Date of Disbursement: 01 / 11 / 2018

FEC Identification Number: C00512236
Transaction ID : 5785FC96AC
Amount of Each Disbursement this Period: 3000.00

Memo Item

C. Michael Burgess For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement 2018 General

Candidate Name Burgess, Michael, Clifton, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 26

Date of Disbursement: 02 / 15 / 2018

FEC Identification Number: C00372532
Transaction ID : EB92E5BEF1
Amount of Each Disbursement this Period: 4000.00

Memo Item

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

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

8000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Mike Bishop For Congress

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116-2748

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Bishop, Michael, D., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2018

FEC Identification Number

C C00561001

Transaction ID : 17A5F4EA4E

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Miller For Congress

Mailing Address 127 West Fairbanks Ave #380

City Winter Park State FL Zip Code 32789

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Miller, Mike, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: FL District: 07

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2018

FEC Identification Number

C C00648816

Transaction ID : 5CE612F5C64

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Moderate Democrats PAC

Mailing Address 303 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
Moderate Democrats PAC

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2018

FEC Identification Number

C C00436022

Transaction ID : 1414A889DC

Amount of Each Disbursement this Period

2500.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Moulton For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2013

City Salem State MA Zip Code 01970

Purpose of Disbursement 2018 Primary

Candidate Name **Moulton, Seth, W., ,**

Office Sought: House Senate President
State: MA District: 06

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 01 / 10 / 2018

FEC Identification Number: **C00547240**
Transaction ID : **3F170A4027F**
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Mullin For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3681

City Muskogee State OK Zip Code 74402

Purpose of Disbursement 2018 Primary

Candidate Name **Mullin, Markwayne, , ,**

Office Sought: House Senate President
State: OK District: 02

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 03 / 14 / 2018

FEC Identification Number: **C00498345**
Transaction ID : **14C18C024Cf**
Amount of Each Disbursement this Period: 1500.00

Memo Item

C. MURPHPAC

Full Name (Last, First, Middle Initial)
Mailing Address 415 New Jersey Ave Se, Ste 1

City Washington State DC Zip Code 20003

Purpose of Disbursement 2018 Contribution

Candidate Name **MURPHPAC**

Office Sought: House Senate President
State: District: Contribution

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 03 / 14 / 2018

FEC Identification Number: **C00459925**
Transaction ID : **518DDEB0Df**
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. New Democrat Coalition PAC

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 10 / 2018

Mailing Address 700 13Th Street, NW
Suite 600

FEC Identification Number

C C00409730

City Washington State DC Zip Code 20005

Transaction ID : F76D0A8549!
Amount of Each Disbursement this Period

Purpose of Disbursement
2018 Contribution

011
Category/ Type

5000.00

Candidate Name

New Democrat Coalition PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

Memo Item

Full Name (Last, First, Middle Initial)

B. NRCC

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 10 / 2018

Mailing Address 320 First Street SE

FEC Identification Number

C C00075820

City Washington State DC Zip Code 20003

Transaction ID : BC5C65964E!
Amount of Each Disbursement this Period

Purpose of Disbursement
2018 Contribution

011
Category/ Type

15000.00

Candidate Name

NRCC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

Memo Item

Full Name (Last, First, Middle Initial)

C. NRCC

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 31 / 2018

Mailing Address 320 First Street SE

FEC Identification Number

C C00075820

City Washington State DC Zip Code 20003

Transaction ID : 4D84191686!
Amount of Each Disbursement this Period

Purpose of Disbursement
2018 Contribution to Building Fund

011
Category/ Type

15000.00

Candidate Name

NRCC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

Memo Item

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

35000.00

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

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**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. NRSC

Mailing Address 425 2Nd Street NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

NRSC

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2018

FEC Identification Number

C C00027466

Transaction ID : BD67321C63!

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ocean State Political Action Committee (OSPAC)

Mailing Address 26 Hilton Road

City
Warwick

State
RI

Zip Code
02889-2930

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Ocean State Political Action Committee (OSPAC)

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2018

FEC Identification Number

C C00397067

Transaction ID : 22AA1A7E74!

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PAC To the Future

Mailing Address 700 13Th Street, Nw, Suite 600

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

PAC To the Future

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2018

FEC Identification Number

C C00344234

Transaction ID : OCF6804200!

Amount of Each Disbursement this Period

2500.00

Memo Item

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

22500.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. People For Derek Kilmer

Mailing Address PO Box 1381

City Tacoma

State WA

Zip Code 98402

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Kilmer, Derek, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2018

FEC Identification Number

C C00514893

Transaction ID : 06FB5340773

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. People For Enterprise Trade And Economic Growth (PETE PAC)

Mailing Address 2108 Foresthill Rd

City Alexandria

State VA

Zip Code 22307-1128

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

People For Enterprise Trade And Economic Growth (PETE PAC)

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2018

FEC Identification Number

C C00363770

Transaction ID : 93CBB2D720I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Perimeter PAC

Mailing Address 124 Washington Street
Suite 101

City Foxboro

State MA

Zip Code 02035

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Perimeter PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2018

FEC Identification Number

C C00544254

Transaction ID : 30215F478Bt

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Pete Aguilar For Congress

Full Name (Last, First, Middle Initial)
Pete Aguilar For Congress

Mailing Address PO Box 10954

City San Bernardino State CA Zip Code 92423

Purpose of Disbursement 2018 Primary

Candidate Name Aguilar, Peter, Ray, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 31

Date of Disbursement: 01 / 10 / 2018

FEC Identification Number: C00510461
Transaction ID : 57E77557840
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. Pittenger for Congress LLC

Full Name (Last, First, Middle Initial)
Pittenger for Congress LLC

Mailing Address PO Box 11207

City Charlotte State NC Zip Code 28220-1207

Purpose of Disbursement 2018 Primary

Candidate Name Pittenger, Robert, M., ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NC District: 09

Date of Disbursement: 03 / 14 / 2018

FEC Identification Number: C00514513
Transaction ID : 9E616934B00
Amount of Each Disbursement this Period: 3000.00

Category/Type: 011

Memo Item

C. Project West Political Action Committee

Full Name (Last, First, Middle Initial)
Project West Political Action Committee

Mailing Address 9227 East Lincoln Avenue #200-435

City Lone Tree State CO Zip Code 80124

Purpose of Disbursement 2018 Contribution

Candidate Name Project West Political Action Committee

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼ Contribution

State: District:

Date of Disbursement: 01 / 17 / 2018

FEC Identification Number: C00525543
Transaction ID : 3C0E87CDC1
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Promoting Our Republican Team PAC

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244-2768

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
Promoting Our Republican Team PAC

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2018

FEC Identification Number

C C00440032
Transaction ID : 268C058B48I

Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Prosperity Action Inc.

Mailing Address 320 1St Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
Prosperity Action Inc.

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2018

FEC Identification Number

C C00377689
Transaction ID : 43810C1AA2I

Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RACPAC

Mailing Address P O Box 3152

City West Chester State PA Zip Code 19381

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
RACPAC

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2018

FEC Identification Number

C C00580464
Transaction ID : DF141FAAF6

Amount of Each Disbursement this Period
5000.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial) A. Randy Hultgren For Congress		Date of Disbursement MM / DD / YYYY 03 / 14 / 2018
Mailing Address PO Box 717		FEC Identification Number C00467522 Transaction ID : 5EEA71561E
City St Charles	State IL	Zip Code 60174-0717
Purpose of Disbursement 2018 Primary		Category/Type 011
Candidate Name Hultgren, Randall, Mark, ,		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 14	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Rob Wittman For Congress		Date of Disbursement MM / DD / YYYY 03 / 14 / 2018
Mailing Address PO Box 3770		FEC Identification Number C00441014 Transaction ID : E88B782AB4
City Oakton	State VA	Zip Code 22124
Purpose of Disbursement 2018 General		Category/Type 011
Candidate Name Wittman, Robert, Joseph, ,		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 01	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Robin Kelly For Congress		Date of Disbursement MM / DD / YYYY 03 / 14 / 2018
Mailing Address PO Box 6953		FEC Identification Number C00539866 Transaction ID : ABDFD24F3
City Chicago	State IL	Zip Code 60680
Purpose of Disbursement 2018 Primary		Category/Type 011
Candidate Name Kelly, Robin, Lynne, ,		Amount of Each Disbursement this Period 3000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 02	<input type="checkbox"/> Memo Item	

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Rodney For Congress

Mailing Address PO Box 344

City
Taylorville

State
IL

Zip Code
62568-0344

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Davis, Rodney, Lee, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	8

FEC Identification Number

C C00521948

Transaction ID : 419D2567892

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Roskam For Congress Committee

Mailing Address P. O. Box 713

City
Wheaton

State
IL

Zip Code
60187

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Roskam, Peter, James, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

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

FEC Identification Number

C C00410969

Transaction ID : D28D57C8CC

Amount of Each Disbursement this Period

4	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Roskam For Congress Committee

Mailing Address P. O. Box 713

City
Wheaton

State
IL

Zip Code
60187

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Roskam, Peter, James, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

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

FEC Identification Number

C C00410969

Transaction ID : E6F4835749E

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item

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

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

9	0	0	0	0	0
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**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Scott Peters For Congress

Mailing Address PO Box 22074

City
San Diego

State
CA

Zip Code
92192

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Peters, Scott, H., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00503110

Transaction ID : C15AD6ADFF

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Serve America PAC

Mailing Address PO Box 2013

City
Salem

State
MA

Zip Code
01970

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Serve America PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00571174

Transaction ID : 8D9B491CE2I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Shore PAC

Mailing Address P.O. Box 3157

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Shore PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00410308

Transaction ID : 2451A8A6ED

Amount of Each Disbursement this Period

2500.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Simpson For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221-1667

Purpose of Disbursement 2018 Primary

Candidate Name Simpson, Michael, Keith, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: ID District: 02

Date of Disbursement 03 / 14 / 2018

FEC Identification Number C00331397
Transaction ID : 9E774EE7CE
Amount of Each Disbursement this Period 1000.00

Category/Type 011

Memo Item

B. Sinema For Arizona

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 7586

City Phoenix State AZ Zip Code 85011

Purpose of Disbursement 2018 General

Candidate Name Sinema, Kyrsten, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: AZ District:

Date of Disbursement 03 / 14 / 2018

FEC Identification Number C00508804
Transaction ID : FBB51810328
Amount of Each Disbursement this Period 5000.00

Category/Type 011

Memo Item

C. Smucker For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 548 Steel Way
PO Box 7066

City Lancaster State PA Zip Code 17604

Purpose of Disbursement 2018 Primary

Candidate Name Smucker, Lloyd, K., ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 11

Date of Disbursement 03 / 14 / 2018

FEC Identification Number C00599464
Transaction ID : C6E838EAEI
Amount of Each Disbursement this Period 1000.00

Category/Type 011

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Stabenow For US Senate

Mailing Address P.O. Box 4945

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Stabenow, Deborah, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: MI

District:

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2018

FEC Identification Number

C C00344473

Transaction ID : F396033B13A

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Steve Ferrara For Congress

Mailing Address PO Box 97130

City
Phoenix

State
AZ

Zip Code
85060

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Ferrara, Steve, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: AZ

District: 09

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2018

FEC Identification Number

C C00640268

Transaction ID : FE8A6CA4F7I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stivers For Congress

Mailing Address 4679 Winterset Dr

City
Columbus

State
OH

Zip Code
43220-8113

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Stivers, Steve, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: OH

District: 15

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00441352

Transaction ID : 0C78A017B7

Amount of Each Disbursement this Period

5000.00

Memo Item

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Support To Ensure Victory Everywhere PAC-Steve PAC

Date of Disbursement

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

Mailing Address 228 S Washington St Ste 115

FEC Identification Number

C	C00501478
---	-----------

Transaction ID : 650E45E5DB
Amount of Each Disbursement this Period

5000.00

Memo Item

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2018 Contribution

011
Category/ Type

Candidate Name
Support To Ensure Victory Everywhere PAC-Steve PAC

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) Contribution

Full Name (Last, First, Middle Initial)

B. Tammy Baldwin For Senate

Date of Disbursement

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

Mailing Address Pobox 696

FEC Identification Number

C	C00326801
---	-----------

Transaction ID : DBB1868EB3
Amount of Each Disbursement this Period

1000.00

Memo Item

City Madison State WI Zip Code 53701

Purpose of Disbursement
2018 Primary

011
Category/ Type

Candidate Name
Baldwin, Tammy, S., ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify)

Full Name (Last, First, Middle Initial)

C. Ted Lieu For Congress

Date of Disbursement

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

Mailing Address 16633 Ventura Blvd # 1008

FEC Identification Number

C	C00556506
---	-----------

Transaction ID : E58E8988FC
Amount of Each Disbursement this Period

1500.00

Memo Item

City Encino State CA Zip Code 91436

Purpose of Disbursement
2018 Primary

011
Category/ Type

Candidate Name
Lieu, Ted, W., ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify)

State: CA District: 33

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Ted Lieu For Congress

Mailing Address 16633 Ventura Blvd # 1008

City Encino State CA Zip Code 91436

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name
Lieu, Ted, W., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 33

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2018

FEC Identification Number

C C00556506

Transaction ID : A545E86757E

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tenn Political Action Committee Inc (TENN PAC)

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement 2018 Contribution

011
Category/
Type

Candidate Name
Tenn Political Action Committee Inc (TENN PAC)

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Contribution
State: District:

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2018

FEC Identification Number

C C00388421

Transaction ID : 70E38323BC3

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. The Eye Of The Tiger Political Action Committee

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement 2018 Contribution

011
Category/
Type

Candidate Name
The Eye Of The Tiger Political Action Committee

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Contribution
State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2018

FEC Identification Number

C C00467431

Transaction ID : EE0E5A28AE

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

7500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Tom Reed For Congress

Mailing Address PO Box 10847

City
Rochester

State
NY

Zip Code
14610-0847

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Reed, Thomas, W., , II.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2018

FEC Identification Number

C C00464032

Transaction ID : 5D26E9BDCE

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom Reed For Congress

Mailing Address PO Box 10847

City
Rochester

State
NY

Zip Code
14610-0847

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Reed, Thomas, W., , II.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District: 23

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2018

FEC Identification Number

C C00464032

Transaction ID : 51F99E8C177

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tuesday Group Political Action Committee

Mailing Address 610 S. Boulevard

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Tuesday Group Political Action Committee

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2018

FEC Identification Number

C C00433060

Transaction ID : 336869A9991

Amount of Each Disbursement this Period

5000.00

Memo Item

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

9000.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Value In Electing Women Political Action Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2018

Mailing Address 701 8Th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
2018 Contribution

011
Category/ Type

FEC Identification Number

C	C00327189
Transaction ID : B3234647DF	
Amount of Each Disbursement this Period	
	2500.00

Candidate Name

Value In Electing Women Political Action Committee

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>
State: District:	Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Vargas For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		15		2018

Mailing Address 330 Encinitas Blvd., Suite 101

City Encinitas State CA Zip Code 92024

Purpose of Disbursement
2018 Primary

011
Category/ Type

FEC Identification Number

C	C00497321
Transaction ID : D7FDDBA848	
Amount of Each Disbursement this Period	
	5000.00

Candidate Name

Vargas, Juan, Carlos, ,

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>
State: CA District: 51	

Memo Item

Full Name (Last, First, Middle Initial)

C. Volunteers For Shimkus

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2018

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement
2018 Primary

011
Category/ Type

FEC Identification Number

C	C00258855
Transaction ID : 3C262F83C6	
Amount of Each Disbursement this Period	
	2500.00

Candidate Name

Shimkus, John, M., ,

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>
State: IL District: 15	

Memo Item

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

10000.00

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

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**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Votevets

Mailing Address PO Box 75357

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Votevets

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00418897

Transaction ID : 111EB029125

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Walberg For Congress

Mailing Address PO Box 1362

City
Jackson

State
MI

Zip Code
49204-1362

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Walberg, Timothy, L., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MI District: 07

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C C00390724

Transaction ID : F2FAADB92D

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Walorski For Congress Inc

Mailing Address PO Box 954

City
Mishawaka

State
IN

Zip Code
46546-0954

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Walorski, Jacqueline, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C C00468579

Transaction ID : 1C3E6B340B

Amount of Each Disbursement this Period

1500.00

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Full Name (Last, First, Middle Initial)

A. Walters For Congress

Mailing Address 9070 Irvine Center Drive, #150

City Irvine State CA Zip Code 92618

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Walters, Mimi, K., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2018

FEC Identification Number

C00546853

Transaction ID : EEBB241898

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Walters For Congress

Mailing Address 9070 Irvine Center Drive, #150

City Irvine State CA Zip Code 92618

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Walters, Mimi, K., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 45

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C00546853

Transaction ID : 32204769320

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wenstrup For Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209-0551

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Wenstrup, Brad, R., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2018

FEC Identification Number

C00497818

Transaction ID : C42ACD3612

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10000.00

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

437833.26