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FEC FORM 3X	AN	D DISBL	JRSEM	ENTS	ee		Office Use Only	
FORM 3X AND DISBURSEMENTS For Other Than An Authorized Committee Office Use Only 1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OF PRINT♥ Example:If typing, type over the lines								
Emergency Departn			iation PAC (EC	PMA-PAC)				
FEC FORM 3X AND DISBURSEMENTS For Other Than An Authorized Committee Other Use Only 1. NAME OF COMMITTEE (in Lu1) USE FEC MALLING LABEL ON TYPE OF PRINTY Example if typing, type over the lines Concurrent 1. NAME OF COMMITTEE (in Lu1) USE FEC MALLING LABEL ON TYPE OF PRINTY Example if typing, type over the lines Concurrent ADDRESS (number and street) 1 Street 600 Concurrent Concurrent ADDRESS (number and street) 1 Street 600 Concurrent Concurrent Coccessor 70 1 Cotry A STATE A ZPCODE A Coccessor 70 1 Cotry A STATE A ZPCODE A Coccessor 70 1 Cotry A STATE A ZPCODE A Coccessor 70 1 Cotry A STATE A ZPCODE A Coccessor 70 1 Cotry A State 00 AMENDED 1 Coccessor 70 1 Coccessor 70 AMENDED 4. TYPE OF REPORT (Choose Ore) Image 20 (M2) Aug 20 (M3) Jun 20 (M6) Sep 20 (M0) Nov 20 (M1) Quartery Reports: Apri 15 Image 20 (M2) Image 20 (M2) Report (M2)								
Check if differe		ite 800						
FEC FORM 3X AND DISBURSEMENTS For Other Than An Authorized Committee Otice Use Only 1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL ON TYPE OF RENTY COMMITTEE (in full) USE FEC MAILING LABEL ON TYPE OF RENTY Committee Example If typing, type over the lines ADDRESS (number and street) B405 Greensboro Drive Melan Example If typing, type over the lines Image: Committee ADDRESS (number and street) B405 Greensboro Drive Melan Melan Image: Committee Image: Committee Check if different mer previously reported, (ACC) Melan Image: Committee Image: Committee Image: Committee 2. FEC IDENTIFICATION NUMBER CITY A STATE A ZIPCODE A C00388470 3. IS THIS REPORT NEW (N) OR AMENDED (A) 4. TYPE OF REPORT (choose One) (b) Monthly Report Feb 20 (M2) May 20 (M3) Aug 20 (M8) May 20 (M3) (a) Quarterly Report(2) Guarterly Report(2) Mer 20 (M3) Jun 20 (M6) Sep 20 (M9) May 20 (M3) (a) Quarterly Report(2) Mer 20 (M3) Jun 20 (M7) Oct 20 (M10) Jun 20 (M6) (a) Quarterly Report(2) Support for the: Convention (12C) Special (12G) Report for the:						5120		
2. FEC IDENTIFICAT	FEC DRM 3X AND DISBURSEMENTS For Other Than An Authorized Committee Office Use Only IAME OF COMMITTEE (in full) USE FEC MAILING LABEL Office Use Only Example iff typing. type over the lines Office Use Only IAME OF COMMITTEE (in full) USE FEC MAILING LABEL Office Use Only Example iff typing. type over the lines Office Use Only Integration of the typing of the typing over the lines B405 Greeneboro Drive (Integration of the typing) Integration of the typing over the lines Integration of the typing over the lines Check if different the previous (ACC) Suite 800 MeLean VA 22102 - 5120 EC IDENTIFICATION NUMBER Integration of the typing over the							
FEC FORM 33 AND DISBURSEMENTS For Other Than An Authorized Committee Other Use Only 1. NAME OF COMMITTEE (in full) USE FEC MALING LABEL ON TYPE OF PRINTY Exemple: If typing, type over the lines Other Use Only 2. FEC IDENTIFICATION NUMBER #405 Greeneboro Drive Suite 800 #405 Greeneboro Drive MeLean VA 27025120 2. FEC IDENTIFICATION NUMBER CITY A STATE A ZIPCOBE A 2. FEC IDENTIFICATION NUMBER CITY A STATE A ZIPCOBE A 3. IS THIS REPORT NEW OR AMENDED (MeLean NEW OR AMENDED (MeLean 4. TYPE OF REPORT (Choose One) (a) Carefry Reports: Apri 15 Outer Yr Report(2) (b) Monthly Report Feb 20 (M2) Mar 20 (M3) May 20 (M5) Jun 20 (M6) Aug 20 (M6) Mar 20 (M6) Mar 20 (M6) Mar 20 (M6)								
(Choose One) (a) Quarterly Report April 15 Quarterly July 15 Quarterly October 1 Quarterly X January 3 Quarterly July 31 M Report(Not	rts: Report(Q1) Report(Q2) 5 Report(Q3) 1 Report(YE) d-Year on-election	(c) 12-Day PRE-Elec Report for (d) 30-Day	Mar 20 (M3 Apr 20 (M4) tion the:	Primary (12P Convention (Jun 20 (M6) Jul 20 (M7)) 12C)	General (1 Special (12	0 (M9) C (M10) J. 2G) R 2G) in the State of	tec 20 (M12) Non-Election ear Only) an 31 (YE) tunoff (12R)
FEC FORM 3X AND DISSURSEMENTS For Other Than An Authorized Committee Office Use Only 1. MANE OF COMMITTEE (in full) USE FEC MALING LABEL ON TYPE OF PRINTY Example: If typing, type								
5. Covering Period	07	01 20	0 7	through	12	31	2007	
-			my knowledge	and belief it is	true, correct a	and complete.		
FEC FORM 33 AND DISBURSEMENTS For Other Than An Authorized Committee Office Use Only 1. NAME OF COMMITTEE (in full) USE FEC MALING LABEL OF TYPE OF PRINTY Example If typing, type		007						
FEC FORM 3X AND DISBURSEMENTS For Other Than An Authorized Committee Office Use Only 1. MAME OF COMMITTEE (in full) USE FEC MAILING LABEL ON TYPE OR PRINTY Exampled! typing, type over the links Office Use Only 2. Fec Department Practice Management Association PAC (EDPMA PAC) Image: Check if different than previously MALE OF MELEBON VA 22102 _ 5120 2. Fec IDENTIFICATION NUMBER CITY A STATE A ZIPCODE A 3. IS THIS reported. (ACC) State 800 May 20 (M5) Aug 20 (M8) Work 20 (M2) 2. Fec IDENTIFICATION NUMBER CITY A STATE A ZIPCODE A 3. IS THIS reported. (ACC) 3. IS THIS REPORT NEW (N) AMENDED MatchoeD (Work 600) 4. TYPE OF REPORT (Choose Gne) (P) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Work 20 (M (Work 600) Work 600) Work 600 Wor		; 437g.						
Use								

Image	# 28930069015 FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name Emergency Department Practice Ma	anagement Association PAC (EDPMA-PAC)	
F	Report Covering the Period: From:	M M D D Y Y Y Y Y 07 01 2007	D: D
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2007 Y		60451.01
	(b) Cash on Hand at Begining of Reporting Period	74601.01	
	(c) Total Receipts (from Line 19)	12700.00	39850.00
	 (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 		100301.01
7.	Total Disbursements (from Line 31)	13000.00	26000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	. 74301.01	74301.01
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	. 0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)		

X 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

FE6AN026

Image# 28930069016

FEC Form 3X (Rev. 06/2004) Write or Type Committee Name		
Emergency Department Practice Manageme	nt Association PAC (EDPMA-PAC))
Report Covering the Period: From:	0 1 Y Y W Y 0 1 2 0 0 7	To:
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10500.00	39500.00
(i) Itemized (use Schedule A)	12500.00	39300.00
(ii) Unitemized	200.00	350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	12700.00	39850.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs) (d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12700.00	39850.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12700.00	39850.00
Total Federal Receipts	12700.00	39850.00

Image# 28930069017

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
1. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
3. Contributions to Federal Candidates/Committees and Other Political Committees	13000.00	26000.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
8. 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
9. Other Disbursements	0.00	0.00
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13000.00	26000.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	13000.00	26000.00

Image# 28930069018

DETAILED SUMMARY PAGE

	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)	12700.00	39850.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	12700.00	39850.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any perso	FOR LINE NUMBER: PAGE 6 / 15 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 10 17
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Emergency Department Practice Mana			
A.	Full Name (Last, First, Middle Initial) Richard Berube Mailing Address 913 Hayslope Drive			Date of Receipt
	City	State	Zip Code	07 10 2007 Transaction ID: SA11AI.4495
	Knoxville	TN	37919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer TeamHealth Receipt For: Primary General	1	ness Development Year-to-Date 🔻	Contribution
— B.	Conter (specify) ▼ Full Name (Last, First, Middle Initial) Kent M. Bristow	0 0	250.00	Date of Receipt
	Mailing Address 7132 Hickory Hills Driv	ve		M M / D D / Y Y Y Y Y 09 05 2007
	City	State	Zip Code	Transaction ID: SA11AI.4501
	Knoxville	TN	37919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Team Health	Occupation Sr. Vice F		Contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)	0 0	500.00]
с.	Full Name (Last, First, Middle Initial) Joseph B. Carman			Date of Receipt
	Mailing Address 1831 Regents Park Ro	bad		M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.4500
	Knoxville	TN	37922	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		Contribution
	Name of Employer Team Health	Occupation President		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00]
s	UBTOTAL of Receipts This Page (optional)	-		1500.00
т	OTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 15 (check only one) X X 11a
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any puter name and address of any political committee	et o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	nagement Association PAC (EDPMA-P	
 ۹.	Full Name (Last, First, Middle Initial) Richard D. Carvolth, M.D.		Date of Receipt
	Mailing Address 718 McDonald Avenu	le	M M / D D / Y Y Y Y 07 24 2007
	City	State Zip Code	Transaction ID: SA11AI.4497
	Santa Rosa	CA 95404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Team Health West	Occupation Chief Executive Officer	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) John R. Hellman		Date of Receipt
	Mailing Address 24 Kelly Drive		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.4494
	Marlton	NJ 08053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Team Health East	Occupation Executive Vice President	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
— C.	Full Name (Last, First, Middle Initial) Lynne Kottman		Date of Receipt
	Mailing Address 300 Kitty Hawk		M M / D D / Y Y Y Y 10 22 2007
	City	State Zip Code	Transaction ID: SA11AI.4527
	Universal City	TX 78148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	L 1000.00
	Name of Employer Medaphase	Occupation Corporate Compliance Officer	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)		1750.00
Т	OTAL This Period (last page this line number	er only)	•

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/15 (check only one) 11a X 11a 11b I 11a 11c 12 I 13 14 15 16 17
or for commercial purposes, other than us	s and Statements may not be sold or used by any person sing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Emergency Department Practice	e Management Association PAC (EDPMA-PAC))
Full Name (Last, First, Middle Initial) Lynn Massingale		Date of Receipt
Mailing Address 2236 Lake Lane		07 10 Y Y Y Y 07 10 2007
City	State Zip Code	Transaction ID: SA11AI.4490
Knoxville	TN 37919	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		4000.00 Contribution
Name of Employer Team Health	Occupation President & CEO	Contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	4000.00	
Full Name (Last, First, Middle Initial) Haralampos Moisidis	I	Date of Receipt
Mailing Address 34 Marne Street		M M / D D / Y Y Y Y 111 07 2007
City	State Zip Code	Transaction ID: SA11AI.4537
Watervliet	NY 12189	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer TeamHealth	Occupation VP of Business Development	- Contribution
Receipt For:	Aggregate Year-to-Date V	-
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Gregory S. Roth	I	Date of Receipt
Mailing Address 7313 Nubbin Ric	dge Road	07 24 2007
City	State Zip Code	Transaction ID: SA11AI.4498
Knoxville	TN 37919	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		Contribution
Name of Employer Team Health	Occupation President & COO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (opti	onal)	6750.00
	number only)	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 15 (check only one)									
ITEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12									
	Detailed Summary Page										
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)											
Emergency Department Practice Mar	nagement Association PAC (EDPMA-PAC)									
Full Name (Last, First, Middle Initial) James J. Rybak		Date of Receipt									
Mailing Address 3878 North Valley Dri		07 / 10 / Y Y Y Y 07 / 10 / 2007									
City	State Zip Code	Transaction ID: SA11AI.4491									
Fairview Park	OH 44126-1770	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.		1000.00									
Name of Employer TeamHealth Midwest	Occupation President	- Contribution									
Receipt For:	Aggregate Year-to-Date V	-1									
Primary General		1									
Other (specify)	1000.00										
Full Name (Last, First, Middle Initial) Stephen D. Sherlin		Date of Receipt									
Mailing Address 8219 Glenrothes Bou	levard	M M / D D / Y									
City	State Zip Code	Transaction ID: SA11AI.4499									
Knoxville	TN 37909	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.		1000.00									
Name of Employer Team Health	Occupation Chief Compliance Officer	- Contribution									
Receipt For:	Aggregate Year-to-Date V										
Primary General		1									
Other (specify)	1000.00										
Full Name (Last, First, Middle Initial) Ernest A. Varvoutis, III	1	Date of Receipt									
Mailing Address 2121 NE 30th Street		M M / D D / Y Y Y Y 07 10 2007									
City	State Zip Code	Transaction ID: SA11AI.4492									
Lighthouse Point	FL 33064-7630	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	500.00									
Name of Employer TeamHealth	Occupation VP, M&A	Contribution									
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Primary General Other (specify) ▼	500.00]									
		2500.00									
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			27	22 28a		23 28b	24 280		25 29	23			
NAME OF COMMITTEE (In Full) Emergency Department Practice Manager	ment Association PAC (E	DPN	IA-PAC)									
Full Name (Last, First, Middle Initial) CHARLIE MELANCON CAMPAIGN COM	Full Name (Last, First, Middle Initial) CHARLIE MELANCON CAMPAIGN COMMITTEE INC								Y	Y			
Mailing Address PO Box 549	$\begin{array}{c c} & & & \\ & & & \\ & & & \\ & & & \\ \end{array} \begin{array}{c} & & \\ & & \\ \end{array} \end{array}$												
City Napoleonville	StateZip CodeLA70390			Amou	int of	Each	Disburs						
Purpose of Disbursement Contribution				L.				1	000.0	0			
Candidate Name CHARLIE JR. MELANCON			tegory/ Γype										
0 X	ement For: 2008 Primary General Other (specify) ▼												
Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE				Date	of Dis	burse							
Mailing Address P.O. Box 1776	Mailing Address P.O. Box 1776							$12^{\text{M}} / 03^{\text{J}} / 2007^{\text{Y}}$					
City Freedom	StateZip CodePA15042			Amou	int of	Each	Disburs			-			
Purpose of Disbursement Earmarked Contribution: DCCC									500.0	0			
Candidate Name JASON ALTMIRE			tegory/ Γype										
0 X	ement For: 2008 Primary General Other (specify) ▼				[MEMO ITEM]								
Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMF	PAIGN COMMITTEE					burse		4559					
Mailing Address 430 South Capitol Stree 2nd Floor	t SE			1 ^M 2	M /	^D 0	^D 3	Ý Ž	0 ð 7	Y			
City Washington	State Zip Code DC 20003			Amou	int of	Each	Disburs	emen	t this F	'eriod			
Purpose of Disbursement See Memo Entries Below.			•	1 L.				2	500.0	0			
Candidate Name			tegory/ Γype										
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		ed from such Reports rposes, other than usi															5
\rangle	NAME OF COM Emergency De	MITTEE (In Full) epartment Practice	Managem	ent Asso	ciation PAC (E	DPI	MA	-PAC)								
/		Full Name (Last, First, Middle Initial) DIANA DEGETTE FOR CONGRESS INC.								Trans Date		isbur	sei				V
	Mailing Address P.O. Box 61337									0 9			1	2	. 2	źoòz	7
	City Denver			State CO	Zip Code 80206					Amou	int o	f Eac	h [Disburs			
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	Candidate Name DIANA L DEG						ate Ty	gory/ pe									
	Office Sought: State: CO	X House Senate President District: 01	Disburser	ment For: Primary Other (spe	2008 General ecify) ▼												
	Full Name (Last,	First, Middle Initial)	ESS INC.							Trans Date		isbur	sei		4524	ļ	
	Mailing Address P.O. Box 61337								$\begin{array}{c c} M & M \\ \hline 0 & 9 \\ \hline \end{array} & \begin{pmatrix} D \\ 1 \\ 7 \\ \hline \end{array} & \begin{pmatrix} D \\ 1 \\ 7 \\ \hline \end{array} & \begin{pmatrix} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \\ \hline \end{array} & \begin{pmatrix} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \\ \hline \end{array} \\ \end{array}$						7 ^Y		
	City Denver			State CO	Zip Code 80206					Amou	int o	f Eac	h [Disburs	emer	nt this I	Period
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	Candidate Name DIANA L DEG						ate Ty	gory/ pe									
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	· · ·	First, Middle Initial) BENNIE THOMPS	ON							Trans Date				SB23.4 ment	4510)	
	Mailing Address	P.O. Box 100								0 ^M 9	М	/ D	1	^D /	Y Z	źoóz	7 ^Y
	City Bolton			State MS	Zip Code 39041					Amou	int o	f Eac	h [Disburs	emer	nt this I	Perioc
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	Candidate Name BEN THOMPS						ate Ty	gory/ pe									
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				R:			PAGE 12/15			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check onl 21b 27		22 X 23 28a 281			2	4 3c	25 29	\square	
Any Information copied from such Reports and Staten											s	
or for commercial purposes, other than using the nam	e and address of any politica	al com	Imitt	ee to so	licit contr	ibuti	ons fro	om suo	n con	nmittee		
Emergency Department Practice Manager	nent Association PAC (E	EDPN	ЛА-	PAC)								
Full Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN COMMITTEE							Transaction ID: SB23.4504 Date of Disbursement					
Mailing Address PO BOX 1949		0 9	Μ /	1	^D 2	Y	² o ò :	7				
City SPRINGFIELD	State Zip Code IL 62705				Amou	int of	Each	Disbu	rseme	ent this	Perio	
Purpose of Disbursement Contribution					<u> </u>					1000.0	00	
Candidate Name RICHARD J DURBIN			Category/ Type									
5	ement For: 2008 Primary General Other (specify) ▼											
Full Name (Last, First, Middle Initial) FRIENDS OF JAY ROCKEFELLER					Trans Date of		on ID: sburse		8.453	0		
Mailing Address PO BOX 1909			$10^{M} 0^{M} / 04^{D} / 2007^{Y}$									
City CHARLESTON	State Zip Code WV 25327				Amou	int of	Each	Disbu		ent this		
Purpose of Disbursement Contribution					L.					1000.0	00	
Candidate Name JOHN DAVISON IV ROCKEFELLER			ateg Type									
5	ement For: 2008 Primary General Other (specify)											
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW					Trans Date of		on ID: sburse		8.456	3		
Mailing Address PO Box 8166					^M 2	M /	D 0	3	Y	žoŏ	7 ^Y	
City Savannah	State Zip Code GA 31412				Amou	int of	Each	Disbu	rseme	ent this	Perio	
Purpose of Disbursement Earmarked Contribution: DCCC					L.					500.0	00	
Candidate Name JOHN J BARROW		Category/ Type										
	ement For: 2008 Primary General Other (specify)	I			[MEM	υľ	ı ⊏M]					
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SC	HEDULE E	B (FEC Form 3	3X)				FOR LIN	E NUMB	ER:		P	AGE	13 /	15
		BURSEMEN		for each	arate schedule(s) category of the Summary Page		(check or 21b 27		X	23 28b	24 28c		25	
		d from such Reports poses, other than usi					any person	for the p	urpos	se of s	oliciting of	ontrik	outions	
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· ·		partment Practice	Managem	ent Asso	ciation PAC (E	DPI	MA-PAC)							
	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER										: SB23.4 ement	4513		
N	Mailing Address Post Office Box 1994							$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 7 \end{array} \end{array} \right) \left(\begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left(\begin{array}{c} Y \\ Y $						
	CityStateZip CodeUnion CityTN38281							Amo	ount o	f Each	Disburs	-	-	
	Purpose of Disbursement Contribution							2500.00						
-	Candidate Name JOHN S TANN						ategory/ Type							
	Office Sought: State: TN	X House Senate President District: 08	Disburser X	ment For: Primary Other (spe	2008 General ecify) ▼									
F	State. IN District. 08 Full Name (Last, First, Middle Initial) GILLIBRAND FOR CONGRESS									isburs	: SB23.4 ement	4565		
N	Mailing Address P.O. Box 15734													
	City Washington		State DC	Zip Code 20003			Amo	Amount of Each Disbursement this Perio						
	Purpose of Disbursement Earmarked Contribution: DCCC												500.0	0
Ċ	Candidate Name KIRSTEN ELIZABETH GILLIBRAND						ategory/ Type	[MEMO ITEM]						
	Office Sought: State: NY	X House Senate President District: 20	Disburser X	ment For: Primary Other (spe	2008 General ecify) ▼	<u> </u>		- [MEI	NO I	TEM]				
	(,	First, Middle Initial) ER FOR CONGRE	SS								: SB23.4 ement	4566		
N	Mailing Address	PO Box 8446						[™] 2	2	[′] ^DC) ^D [/]	Ý Ž	0 ð 7	, Y
	City Asheville			State NC	Zip Code 28814			Amo	ount o	f Each	Disburs	emen	t this f	Period
	Purpose of Disbursement Earmarked Contribution: DCCC							1 L			<u> </u>		500.0	0
- -	Candidate Name JOSEPH H SH		Category Type					[MEMO ITEM]						
	Office Sought: State: NC	X House Senate President District: 11	Disburser X	ment For: Primary Other (spe	2008 General ecify) ▼						I			
		ursements This Page	(optional)				🕨					2	500.0	0
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							22 28a	X 23	3 3b		24 28c	F	25 29		26 30b
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Full Name (Last, First, Middle Initial) JOHN SALAZAR FOR CONGRESS							Transaction ID: SB23.4534 Date of Disbursement								
Mailing Address PO Box 534							^м 11	M /	D C) 7		Y	² o ò	7 [×]	
CityStateZip CodePuebloCO81002							Amount of Each Disbursement this Period								
Purpose of Disbursement Contribution							L .						1000	.00	
Candidate Name JOHN T SALA					tegory/ Γype										
Office Sought: State: CO	X House Senate President District: 03	Disbursement For: X Primary Other (sp	2008 General pecify) ▼												
Full Name (Last, First, Middle Initial) JUDGE JOHN CARTER FOR CONGRESS COMMITTEE								action of Disb		eme				V	
Mailing Address PO Box 6930							$\begin{array}{c} \begin{array}{c} M & 0 \\ \hline 0 & 9 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 3 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 3 \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $								
City Round Rock		State TX	Zip Code 78683				Amou	nt of E	ach	Dis	burse			0	od
Purpose of Disbursement Contribution							1000.00		.00						
Candidate Name C. JOHN RICE CARTER															
Office Sought: State: TX	X House Senate President District: 31	Disbursement For: X Primary Other (sp	2008 General pecify) ▼												
Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.								of Disb	urs	eme	-		-		
Mailing Address PO Box 682185							1 ^M 0	M /	□2	22	/	Ŷ	²́ 0 ð	7 [×]	
City Franklin		State TN	Zip Code 37068				Amou	nt of E	ach	Dis	burse	eme	ent this	s Peri	od
Purpose of Disbursement Contribution							L.						1000	.00	
Candidate Name C MARSHA MRS. BLACKBURN															
Office Sought: State: TN	X House Senate President District: 07	Disbursement For: X Primary Other (sp	2008 General Decify) ▼												
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	TEMIZED DISBURSEMEN		;) (check onl	
•		Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
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	NAME OF COMMITTEE (In Full)			
	Emergency Department Practice	Management Association PAC (EDPMA-PAC)	
	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.4564
Α.	MELISSA BEAN FOR CONGRES	SS		Date of Disbursement
	Mailing Address POST OFFICE	BOX 3068		$12^{M} / 03^{D} / 2007^{Y}$
	City BARRINGTON	State Zip Code IL 60010		Amount of Each Disbursement this Period
	Purpose of Disbursement Earmarked Contribution: DCCC			500.00
	Candidate Name MELISSA LUBURICH BEAN		Category/ Type	
	Office Sought: X House Senate President	Disbursement For: 2008 X Primary General Other (specify) ▼		[MEMO ITEM]
_	State: IL District: 08			
В.	Full Name (Last, First, Middle Initial) SALAZAR FOR SENATE			Transaction ID: SB23.4507 Date of Disbursement
	Mailing Address PO BOX 600			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 9 \end{array} \\ \begin{array}{c} M \\ 0 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ 7 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 7 \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \end{array} \\ Y \\ Y \end{array} \\ Y \\ Y \end{array} \\ Y \\ Y$
	City DENVER	State Zip Code CO 80201		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			1000.00
	Candidate Name KEN SALAZAR		Category/ Type	
	Office Sought: House X Senate President	Disbursement For: 2010 X Primary General Other (specify) ▼		
	State: CO District: 00			

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