

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Emergency Department Practice Management Association PAC (EDPMA-PAC)

ADDRESS (number and street)

8405 Greensboro Drive

Suite 800

Check if different than previously reported. (ACC)

McLean VA 22102-5120

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00388470

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12G)
- Runoff (12R)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Leslie J. Kerman

Signature of Treasurer Electronically Filed by Leslie J. Kerman Date 01 18 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only												<b>FEC FORM 3X</b> (Rev. 12/2004)
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Emergency Department Practice Management Association PAC (EDPMA-PAC)

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		60451.01
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning 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) .....	87301.01	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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Emergency Department Practice Management Association PAC (EDPMA-PAC)

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	12500.00	39500.00
(i) Itemized (use Schedule A) .....	200.00	350.00
(ii) Unitemized .....	12700.00	39850.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12700.00	39850.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12700.00	39850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12700.00	39850.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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

**DETAILED SUMMARY PAGE**  
of Disbursements

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

# 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 / 15
	<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

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)  
Emergency Department Practice Management Association PAC (EDPMA-PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Berube		Date of Receipt
	Mailing Address 913 Hayslope Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 10 / 2007
	City	State	Zip Code
	Knoxville	TN	37919
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4495
Name of Employer TeamHealth		Occupation VP, Business Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Kent M. Bristow		Date of Receipt
	Mailing Address 7132 Hickory Hills Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 05 / 2007
	City	State	Zip Code
	Knoxville	TN	37919
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4501
Name of Employer Team Health		Occupation Sr. Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph B. Carman		Date of Receipt
	Mailing Address 1831 Regents Park Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 05 / 2007
	City	State	Zip Code
	Knoxville	TN	37922
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4500
Name of Employer Team Health		Occupation President HCFS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 750.00
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 15
	<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)  
Emergency Department Practice Management Association PAC (EDPMA-PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard D. Carvolth, M.D.		Date of Receipt
	Mailing Address 718 McDonald Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 24 / 2007
	City	State	Zip Code
	Santa Rosa	CA	95404
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4497
Name of Employer Team Health West		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) John R. Hellman		Date of Receipt
	Mailing Address 24 Kelly Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 10 / 2007
	City	State	Zip Code
	Marlton	NJ	08053
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4494
Name of Employer Team Health East		Occupation Executive Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Lynne Kottman		Date of Receipt
	Mailing Address 300 Kitty Hawk		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 10 / 22 / 2007
	City	State	Zip Code
	Universal City	TX	78148
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4527
Name of Employer Medaphase		Occupation Corporate Compliance Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 / 15
	<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)  
Emergency Department Practice Management Association PAC (EDPMA-PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Lynn Massingale		Date of Receipt
	Mailing Address 2236 Lake Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 10 / 2007
	City	State	Zip Code
	Knoxville	TN	37919
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4490
Name of Employer Team Health		Occupation President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 4000.00
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Haralampos Moisidis		Date of Receipt
	Mailing Address 34 Marne Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 07 / 2007
	City	State	Zip Code
	Watervliet	NY	12189
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4537
Name of Employer TeamHealth		Occupation VP of Business Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Gregory S. Roth		Date of Receipt
	Mailing Address 7313 Nubbin Ridge Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 24 / 2007
	City	State	Zip Code
	Knoxville	TN	37919
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4498
Name of Employer Team Health		Occupation President & COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2500.00
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 6750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: PAGE 9 / 15  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Emergency Department Practice Management Association PAC (EDPMA-PAC)

**A.** Full Name (Last, First, Middle Initial)  
James J. Rybak

Mailing Address 3878 North Valley Drive

City State Zip Code  
Fairview Park OH 44126-1770

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

Name of Employer TeamHealth Midwest Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 10 / 2007  
Transaction ID: SA11AI.4491  
Amount of Each Receipt this Period: 1000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Stephen D. Sherlin

Mailing Address 8219 Glenrothes Boulevard

City State Zip Code  
Knoxville TN 37909

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

Name of Employer Team Health Occupation Chief Compliance Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 24 / 2007  
Transaction ID: SA11AI.4499  
Amount of Each Receipt this Period: 1000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ernest A. Varvoutis, III

Mailing Address 2121 NE 30th Street

City State Zip Code  
Lighthouse Point FL 33064-7630

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

Name of Employer TeamHealth Occupation VP, M&A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 10 / 2007  
Transaction ID: SA11AI.4492  
Amount of Each Receipt this Period: 500.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**TOTAL** This Period (last page this line number only) ..... ► 12500.00

# 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"/> 24	<input type="checkbox"/> 25	<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)  
Emergency Department Practice Management Association PAC (EDPMA-PAC)

**A.** Full Name (Last, First, Middle Initial)  
**CHARLIE MELANCON CAMPAIGN COMMITTEE INC**

Mailing Address PO Box 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement Contribution

Candidate Name **CHARLIE JR. MELANCON**

Office Sought:  House  Senate  President  
State: LA District: 03

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23.4514  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**CITIZENS FOR ALTMIRE**

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement Earmarked Contribution: DCCC

Candidate Name **JASON ALTMIRE**

Office Sought:  House  Senate  President  
State: PA District: 04

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23.4561  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
**DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 South Capitol Street SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement See Memo Entries Below.

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23.4559  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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)

PAGE 11 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Emergency Department Practice Management Association PAC (EDPMA-PAC)

A.	Full Name (Last, First, Middle Initial) DIANA DEGETTE FOR CONGRESS INC.	Transaction ID: SB23.4526 Date of Disbursement																			
	Mailing Address P.O. Box 61337	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	2		2	0	0	7												
	City Denver State CO Zip Code 80206	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Void of Contribution Dated 6/15/07	<table border="1"><tr><td>-1000.00</td></tr></table>	-1000.00																		
-1000.00																					
	Candidate Name DIANA L DEGETTE	Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) DIANA DEGETTE FOR CONGRESS INC.	Transaction ID: SB23.4524 Date of Disbursement																			
	Mailing Address P.O. Box 61337	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	7		2	0	0	7												
	City Denver State CO Zip Code 80206	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name DIANA L DEGETTE	Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON	Transaction ID: SB23.4510 Date of Disbursement																			
	Mailing Address P.O. Box 100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	2		2	0	0	7												
	City Bolton State MS Zip Code 39041	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name BEN THOMPSON	Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00
1000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Emergency Department Practice Management Association PAC (EDPMA-PAC)

**A. FRIENDS OF DICK DURBIN COMMITTEE**

Full Name (Last, First, Middle Initial)

FRIENDS OF DICK DURBIN COMMITTEE

Mailing Address PO BOX 1949

City SPRINGFIELD State IL Zip Code 62705

Purpose of Disbursement  
Contribution

Candidate Name  
RICHARD J DURBIN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 00

Transaction ID: SB23.4504

Date of Disbursement

09 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

**B. FRIENDS OF JAY ROCKEFELLER**

Full Name (Last, First, Middle Initial)

FRIENDS OF JAY ROCKEFELLER

Mailing Address PO BOX 1909

City CHARLESTON State WV Zip Code 25327

Purpose of Disbursement  
Contribution

Candidate Name  
JOHN DAVISON IV ROCKEFELLER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.4530

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

1000.00

**C. FRIENDS OF JOHN BARROW**

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BARROW

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement  
Earmarked Contribution: DCCC

Candidate Name  
JOHN J BARROW

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Transaction ID: SB23.4563

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

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

2000.00

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"/> 24	<input type="checkbox"/> 25	<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)  
Emergency Department Practice Management Association PAC (EDPMA-PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER</p> <p>Mailing Address Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN S TANNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4513</p> <p>Date of Disbursement 07 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) GILLIBRAND FOR CONGRESS</p> <p>Mailing Address P.O. Box 15734</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Earmarked Contribution: DCCC</p> <p>Candidate Name KIRSTEN ELIZABETH GILLIBRAND</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4565</p> <p>Date of Disbursement 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS</p> <p>Mailing Address PO Box 8446</p> <p>City Asheville State NC Zip Code 28814</p> <p>Purpose of Disbursement Earmarked Contribution: DCCC</p> <p>Candidate Name JOSEPH H SHULER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4566</p> <p>Date of Disbursement 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2500.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Emergency Department Practice Management Association PAC (EDPMA-PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) JOHN SALAZAR FOR CONGRESS</p> <p>Mailing Address PO Box 534</p> <p>City Pueblo State CO Zip Code 81002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN T SALAZAR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4534</p> <p>Date of Disbursement 11 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JUDGE JOHN CARTER FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 6930</p> <p>City Round Rock State TX Zip Code 78683</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN RICE CARTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 31</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4521</p> <p>Date of Disbursement 09 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MARSHA MRS. BLACKBURN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4533</p> <p>Date of Disbursement 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Emergency Department Practice Management Association PAC (EDPMA-PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) MELISSA BEAN FOR CONGRESS Mailing Address POST OFFICE BOX 3068 City BARRINGTON State IL Zip Code 60010 Purpose of Disbursement Earmarked Contribution: DCCC Candidate Name MELISSA LUBURICH BEAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4564 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 7
	Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
<b>B.</b> Full Name (Last, First, Middle Initial) SALAZAR FOR SENATE Mailing Address PO BOX 600 City DENVER State CO Zip Code 80201 Purpose of Disbursement Contribution Candidate Name KEN SALAZAR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4507 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00

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

1000.00

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

13000.00