



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**National Emergency Medicine Political Action Committee**

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="2015"/>		<input type="text" value="317624.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="317624.84"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="511427.64"/>	<input type="text" value="511427.64"/>
(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="829052.48"/>	<input type="text" value="829052.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="529158.70"/>	<input type="text" value="529158.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="299893.78"/>	<input type="text" value="299893.78"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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. 06/2004)

Write or Type Committee Name

**National Emergency Medicine Political Action Committee**

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

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).....	243144.60	243144.60
(ii) Unitemized .....	268280.85	268280.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	511425.45	511425.45
(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) .....	511425.45	511425.45
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.).....	2.19	2.19
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))..... ▶	511427.64	511427.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	511427.64	511427.64

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	3158.70	3158.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3158.70	3158.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	526000.00	526000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) 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)) ..	529158.70	529158.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	529158.70	529158.70

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	511425.45	511425.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	511425.45	511425.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3158.70	3158.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3158.70	3158.70

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Fred Abbuhl</b>		Date of Receipt
Mailing Address 173 Clipp Rd		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Delmar	NY	12054-5303
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150619175314-5</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
Physician	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Miguel A Acevedo Segui</b>		Date of Receipt
Mailing Address 2326 Longmoore Ct		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Orlando	FL	32835-5962
FEC ID number of contributing federal political committee.		<b>Transaction ID : 1BBF7D27D947452DBB03</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1200.00"/>
Name of Employer	Occupation	
Florida Emergency Physicians Kang & As	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Brian Acunto</b>		Date of Receipt
Mailing Address 17 McDermott Pl		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Brigantine	NJ	08203-2934
FEC ID number of contributing federal political committee.		<b>Transaction ID : 222AA008AD931C6423E</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
Physician	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1600.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ademola Adewale</b>		Date of Receipt
Mailing Address 2514 Butler Bay Dr N		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Windermere	FL	34786-6110
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 7197E2EB4DF343378C4D</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Florida Emergency Physicians Kang & As	Emergency Physician	<input type="text" value="1200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>B. David J Adinaro</b>		Date of Receipt
Mailing Address 22 E Madison Ave		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Florham Park	NJ	07932-2634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 4722BB171E60896884E5</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Physician	Emergency Physician	<input type="text" value="125.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Celia M Aguilar</b>		Date of Receipt
Mailing Address 105 Rose Owens Dr		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
Harbinger	NC	27941-9787
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150619175314-89</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Team Health	Emergency Physician	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1425.00"/>
<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 OF 340
	<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**

**A. James B Aiken**  
Full Name (Last, First, Middle Initial)

Mailing Address 81 Yosemite Dr

City New Orleans State LA Zip Code 70131-8661

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

Name of Employer Van Meter & Associates Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : 4C39AE258561608957A6**

Amount of Each Receipt this Period  
83.34

**B. James B Aiken**  
Full Name (Last, First, Middle Initial)

Mailing Address 81 Yosemite Dr

City New Orleans State LA Zip Code 70131-8661

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

Name of Employer Van Meter & Associates Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
04 / 12 / 2015  
**Transaction ID : 4C DFA44C0C4FB1435A00**

Amount of Each Receipt this Period  
83.34

**C. James B Aiken**  
Full Name (Last, First, Middle Initial)

Mailing Address 81 Yosemite Dr

City New Orleans State LA Zip Code 70131-8661

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

Name of Employer Van Meter & Associates Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
05 / 12 / 2015  
**Transaction ID : 45DFAED77AE6A38DA15C**

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.02

**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: PAGE 9 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. James B Aiken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 81 Yosemite Dr  
 City New Orleans State LA Zip Code 70131-8661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Van Meter & Associates Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 12 / 2015  
**Transaction ID : 408F8FE71E08BF165C3A**  
 Amount of Each Receipt this Period 83.34

**B. Todd L Allen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2852 E Kennedy Dr  
 City Salt Lake Cty State UT Zip Code 84108-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Utah Emergency Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2015  
**Transaction ID : 979925DE-CC07-4599-**  
 Amount of Each Receipt this Period 250.00

**C. Marilyn Frances Althoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Talmage Rd  
 City Mendham State NJ Zip Code 07945-1531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medical Associates New Jerse Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 27 / 2015  
**Transaction ID : 8C6B37D35EE8B92D9F7**  
 Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 733.34  
**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 10 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Stephen H Anderson**

Mailing Address 34926 SE Brinkley St

City Snoqualmie	State WA	Zip Code 98065-5059
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cascade Emergency Physicians Incorpora	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2015  
**Transaction ID : 945E9D988BEA43A98226**

Amount of Each Receipt this Period  
1200.00

Full Name (Last, First, Middle Initial)  
**B. Jim V Antinori**

Mailing Address 3060 Oak Rim Ln

City Park City	State UT	Zip Code 84060-6803
-------------------	-------------	------------------------

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

Name of Employer EPIC, LLC	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : 5073E22AF0774E2CBEA2**

Amount of Each Receipt this Period  
1200.00

Full Name (Last, First, Middle Initial)  
**C. Amit D Arwindekar**

Mailing Address 2043 W McLean Ave

City Chicago	State IL	Zip Code 60647-4532
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FEC ID number of contributing federal political committee. **C**

Name of Employer Emergency Medical Physicians, PC	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
549.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 20150317A\_1**

Amount of Each Receipt this Period  
83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2483.33
<b>TOTAL</b> 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 340
	<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**

**A. Amit D Arwindekar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2043 W McLean Ave  
 City Chicago State IL Zip Code 60647-4532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medical Physicians, PC Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 549.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : 42E22872EE304D2C8B76**  
 Amount of Each Receipt this Period  
 100.00

**B. Amit D Arwindekar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2043 W McLean Ave  
 City Chicago State IL Zip Code 60647-4532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medical Physicians, PC Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 549.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : 20150518183743-1**  
 Amount of Each Receipt this Period  
 100.00

**C. Amit D Arwindekar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2043 W McLean Ave  
 City Chicago State IL Zip Code 60647-4532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medical Physicians, PC Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 549.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 20150619175314-91**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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: PAGE 12 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael Oliver Ashwood**

Mailing Address 26 Hamilton Ct

City State Zip Code  
 Fairfield CT 06824-7831

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

Name of Employer Occupation  
 Franklin Medical Group 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  
 06 / 15 / 2015  
**Transaction ID : EA0741D373A099C2DA6**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Andrew Luke Aswegan**

Mailing Address 217 Dove Ln

City State Zip Code  
 Elkton MD 21921-7643

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

Name of Employer Occupation  
 MEP Health LLC 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  
 04 / 08 / 2015  
**Transaction ID : 10541F0236A35F37077**

Amount of Each Receipt this Period  
 1200.00

Full Name (Last, First, Middle Initial)  
**C. Bruce S Auerbach**

Mailing Address 211 Park St

City State Zip Code  
 Attleboro MA 02703-3143

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

Name of Employer Occupation  
 Sturdy Memorial Emergency Physicians Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 4E36AD7B627DD49EF124**

Amount of Each Receipt this Period  
 100.00

**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: PAGE 13 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Bruce S Auerbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 Park St  
 City Attleboro State MA Zip Code 02703-3143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sturdy Memorial Emergency Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : 4DC08E14B7E68A141A3E**  
 Amount of Each Receipt this Period  
 100.00

**B. Bruce S Auerbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 Park St  
 City Attleboro State MA Zip Code 02703-3143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sturdy Memorial Emergency Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2015  
**Transaction ID : 45648541831AC3E3B121**  
 Amount of Each Receipt this Period  
 100.00

**C. Bruce S Auerbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 Park St  
 City Attleboro State MA Zip Code 02703-3143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sturdy Memorial Emergency Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : 4388B7327E71B6752DDE**  
 Amount of Each Receipt this Period  
 100.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. James Jerome Augustine**

Mailing Address 715 Yankee Trace Dr

City State Zip Code  
 Dayton OH 45458-3999

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

Name of Employer Occupation  
 Emergency Medicine Physician Managemen 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  
 06 / 18 / 2015  
**Transaction ID : 20150619175314-93**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Rashid J Baddoura**

Mailing Address 120 Heights Rd

City State Zip Code  
 Ridgewood NJ 07450-2412

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

Name of Employer Occupation  
 Valley Emergency Room Associates Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : 1D9489C441D44F4C9B79**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Mark E Baier**

Mailing Address 15047 Berkshire Cir

City State Zip Code  
 Truckee CA 96161-1186

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

Name of Employer Occupation  
 Northern Nevada Emergency Physicians Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1084.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2015  
**Transaction ID : F68F7B5EF12646F58E41**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00

**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 340
	<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**

**A. Mark E Baier**  
Full Name (Last, First, Middle Initial)

Mailing Address 15047 Berkshire Cir

City Truckee State CA Zip Code 96161-1186

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

Name of Employer Northern Nevada Emergency Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1084.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2015  
**Transaction ID : 2015062910844-308**

Amount of Each Receipt this Period  
 84.60

**B. Mark Baker**  
Full Name (Last, First, Middle Initial)

Mailing Address 34 Puukani Pl

City Kailua State HI Zip Code 96734-2928

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

Name of Employer Emergency Medicine Physicians Occupation 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  
 04 / 30 / 2015  
**Transaction ID : 2015050411131-221**

Amount of Each Receipt this Period  
 100.00

**C. Michael Baker**  
Full Name (Last, First, Middle Initial)

Mailing Address 3680 Creekside Dr

City Ann Arbor State MI Zip Code 48105-9308

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

Name of Employer Physician Occupation 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  
 05 / 08 / 2015  
**Transaction ID : FF581B75ED7439EA2BE**

Amount of Each Receipt this Period  
 1200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1384.60
<b>TOTAL</b> 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 340
	<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**

**A. Katrina Barnett**  
Full Name (Last, First, Middle Initial)

Mailing Address 4182 Manuela Ave

City Palo Alto State CA Zip Code 94306-3702

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

Name of Employer Fremont Emergency Medical Group Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **284.60**

Date of Receipt  
**06 / 24 / 2015**  
Transaction ID : **2015062910844-263**

Amount of Each Receipt this Period  
**84.60**

**B. Brien Alfred Barnewolt**  
Full Name (Last, First, Middle Initial)

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 Tufts Medical Center EP, LLC Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
**03 / 12 / 2015**  
Transaction ID : **43E8A579E06D70720A58**

Amount of Each Receipt this Period  
**83.34**

**C. Brien Alfred Barnewolt**  
Full Name (Last, First, Middle Initial)

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 Tufts Medical Center EP, LLC Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
**04 / 12 / 2015**  
Transaction ID : **42EF8FFF61797580D89E**

Amount of Each Receipt this Period  
**83.34**

**SUBTOTAL** of Receipts This Page (optional)..... **251.28**

**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 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Brien Alfred Barnewolt</b>			Date of Receipt
Mailing Address 68 Greenlawn Ave			<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 400684CEC982DCB81B37</b>
Newton Center	MA	02459-1714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="83.34"/>
Name of Employer	Occupation		
Tufts Medical Center EP, LLC	Emergency Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.04"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Brien Alfred Barnewolt</b>			Date of Receipt
Mailing Address 68 Greenlawn Ave			<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 45F48CE5C03C082801DD</b>
Newton Center	MA	02459-1714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="83.34"/>
Name of Employer	Occupation		
Tufts Medical Center EP, LLC	Emergency Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.04"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Leigh Anderson Barrow</b>			Date of Receipt
Mailing Address 2824 E 25th St			<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 20150317A_3</b>
Tulsa	OK	74114-3214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="83.33"/>
Name of Employer	Occupation		
Physician	Emergency Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="499.98"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="250.01"/>
<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 18 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial)  
**A. Leigh Anderson Barrow**

Mailing Address 2824 E 25th St

City Tulsa	State OK	Zip Code 74114-3214
---------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : 20D7BDD5F07D479C9FF8**

Amount of Each Receipt this Period  
83.33

Full Name (Last, First, Middle Initial)  
**B. Leigh Anderson Barrow**

Mailing Address 2824 E 25th St

City Tulsa	State OK	Zip Code 74114-3214
---------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : 20150518183743-5**

Amount of Each Receipt this Period  
83.33

Full Name (Last, First, Middle Initial)  
**C. Leigh Anderson Barrow**

Mailing Address 2824 E 25th St

City Tulsa	State OK	Zip Code 74114-3214
---------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 20150619175314-94**

Amount of Each Receipt this Period  
83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 340
	<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**

**A. Robert C Bassler**  
Full Name (Last, First, Middle Initial)

Mailing Address 2822 E Alden Pl

City Anaheim State CA Zip Code 92806-4403

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 284.60

Date of Receipt  
06 / 29 / 2015  
Transaction ID : 20150710125259-8

Amount of Each Receipt this Period  
200.00

**B. Michael P Bellino**  
Full Name (Last, First, Middle Initial)

Mailing Address 714 Mawman Ave

City Lake Bluff State IL Zip Code 60044-2008

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.00

Date of Receipt  
02 / 16 / 2015  
Transaction ID : 20150218 74

Amount of Each Receipt this Period  
239.00

**C. Jill Lynn Benson**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 Phacelia Way

City Cary State NC Zip Code 27518-8951

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 11 / 2015  
Transaction ID : 7F0B0326BCB94EA596A1

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	489.00
<b>TOTAL</b> 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 340
	<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**

**A. Andrew I Bern**  
Full Name (Last, First, Middle Initial)

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 Inphynet Team Hlth Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : 40CAB155240502D164C5**

Amount of Each Receipt this Period  
 83.34

**B. Andrew I Bern**  
Full Name (Last, First, Middle Initial)

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 Inphynet Team Hlth Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2015

**Transaction ID : 41C2B7FDB31BEE7FB0C4**

Amount of Each Receipt this Period  
 83.34

**C. Andrew I Bern**  
Full Name (Last, First, Middle Initial)

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 Inphynet Team Hlth Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : 4D9BB7914D7C88D0402F**

Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.02

**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 21 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Andrew I Bern**

Mailing Address 9846 NW 18th St

City State Zip Code  
Coral Springs FL 33071-5826

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

Name of Employer Occupation  
Inphynet Team Hlth Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.04**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 12 / 2015**

**Transaction ID : 45159632561F2944C8F9**

Amount of Each Receipt this Period  
**83.34**

Full Name (Last, First, Middle Initial)  
**B. Douglas M Bernstein**

Mailing Address 39 Alston Ave

City State Zip Code  
New Haven CT 06515-2702

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

Name of Employer Occupation  
Physician 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  
**04 / 23 / 2015**

**Transaction ID : 2015050411131-21**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**C. Douglas M Bernstein**

Mailing Address 39 Alston Ave

City State Zip Code  
New Haven CT 06515-2702

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

Name of Employer Occupation  
Physician 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  
**04 / 23 / 2015**

**Transaction ID : 2015050411131-29**

Amount of Each Receipt this Period  
**150.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>383.34</b>
<b>TOTAL</b> 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:	PAGE 22 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial)  
**A. Michael Bessette**

Mailing Address 13 Oak Hill Rd

City Chatham State NJ Zip Code 07928-1508

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

Name of Employer Emergency Medical Associates New Jerse Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2015  
**Transaction ID : 20150612192310-202**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Dale Scott Birenbaum**

Mailing Address 3298 Kentshire Blvd

City Ocoee State FL Zip Code 34761-4621

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

Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : 3B4EF38BDDA846C28AA7**

Amount of Each Receipt this Period  
1200.00

Full Name (Last, First, Middle Initial)  
**c. Michael D Bishop**

Mailing Address 1155 W 3rd St

City Bloomington State IN Zip Code 47404-5016

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A1E04E737D43CE67D28**

Amount of Each Receipt this Period  
1200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3400.00
<b>TOTAL</b> 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 340
	<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**

**A. Frederick C Blum**  
 Full Name (Last, First, Middle Initial)  
 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 West Virginia University Hospital Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.04**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2015**  
**Transaction ID : 4C21ACFDC12B31FDADD**  
 Amount of Each Receipt this Period  
**83.34**

**B. Frederick C Blum**  
 Full Name (Last, First, Middle Initial)  
 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 West Virginia University Hospital Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.04**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2015**  
**Transaction ID : 45E5BA5A6EE510B81CCC**  
 Amount of Each Receipt this Period  
**83.34**

**C. Frederick C Blum**  
 Full Name (Last, First, Middle Initial)  
 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 West Virginia University Hospital Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.04**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 12 / 2015**  
**Transaction ID : 4F248B8D969B942E4A7A**  
 Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>250.02</b>
<b>TOTAL</b> 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 340
	<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)  
**National Emergency Medicine Political Action Committee**

**A. Frederick C Blum**  
Full Name (Last, First, Middle Initial)

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 West Virginia University Hospital Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 12 / 2015  
**Transaction ID : 488E86452F303EAA9A09**

Amount of Each Receipt this Period 83.34

**B. Vincent Michael Blum**  
Full Name (Last, First, Middle Initial)

Mailing Address 2910 Sundance Path

City Stevensville State MI Zip Code 49127-9380

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 21 / 2015  
**Transaction ID : DC8666CC5665468EA4C1**

Amount of Each Receipt this Period 250.00

**C. Vincent Michael Blum**  
Full Name (Last, First, Middle Initial)

Mailing Address 2910 Sundance Path

City Stevensville State MI Zip Code 49127-9380

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 05 / 2015  
**Transaction ID : 20150508192310-15**

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 533.34

**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 25 OF 340
	<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**

**A. Brooks F Bock**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 Lions Ridge Loop

City Vail State CO Zip Code 81657-5757

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

Name of Employer Medical Center Emergency Services Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : E8627EA9EAB74F4C98C0**

Amount of Each Receipt this Period  
 1000.00

**B. Brooks F Bock**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 Lions Ridge Loop

City Vail State CO Zip Code 81657-5757

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

Name of Employer Medical Center Emergency Services Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2015  
**Transaction ID : C8D0C478FDCB72A96F3**

Amount of Each Receipt this Period  
 1200.00

**C. Andrea N Boehland**  
Full Name (Last, First, Middle Initial)

Mailing Address 3234 Strand Rd

City Duluth State MN Zip Code 55803-9758

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2015  
**Transaction ID : 20150710125259-46**

Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2400.00
<b>TOTAL</b> 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 340
	<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**

**A. Michael A Bohrn**  
Full Name (Last, First, Middle Initial)

Mailing Address 70 Timberline Dr

City Reading State PA Zip Code 19610-1970

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : 4F6ABA77BF3A495344EB**

Amount of Each Receipt this Period  
**100.00**

**B. Michael A Bohrn**  
Full Name (Last, First, Middle Initial)

Mailing Address 70 Timberline Dr

City Reading State PA Zip Code 19610-1970

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 12 / 2015**

**Transaction ID : 4D83A1FF906345CCC07B**

Amount of Each Receipt this Period  
**100.00**

**C. Keenan M Bora**  
Full Name (Last, First, Middle Initial)

Mailing Address 3475 Ridgeline Ct

City Ann Arbor State MI Zip Code 48105-2500

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : 4335B9C6D62252D4E9FB**

Amount of Each Receipt this Period  
**83.34**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **283.34**

**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 27 OF 340
	<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**

**A. Keenan M Bora**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3475 Ridgeline Ct

City Ann Arbor	State MI	Zip Code 48105-2500
-------------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2015

**Transaction ID : 46EDB875F427D08A21EE**

Amount of Each Receipt this Period  
83.34

**B. Keenan M Bora**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3475 Ridgeline Ct

City Ann Arbor	State MI	Zip Code 48105-2500
-------------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

**Transaction ID : 4DD684E1FB76D7D65DDC**

Amount of Each Receipt this Period  
83.34

**C. Keenan M Bora**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3475 Ridgeline Ct

City Ann Arbor	State MI	Zip Code 48105-2500
-------------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : 46148AADA3FD1229AE29**

Amount of Each Receipt this Period  
83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<b>TOTAL</b> 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 340
	<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**

**A. Bradford J Bowls**  
Full Name (Last, First, Middle Initial)  
Mailing Address 121 NW Ivanhoe Blvd  
City Orlando State FL Zip Code 32804-5958  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1200.00

Date of Receipt 04 / 27 / 2015  
**Transaction ID : 602BE943B69D4AE384FD**  
Amount of Each Receipt this Period 1200.00

**B. Jennifer H Bradstreet**  
Full Name (Last, First, Middle Initial)  
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 Emergency Medicine Physicians Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 499.98

Date of Receipt 03 / 17 / 2015  
**Transaction ID : 20150317A 4**  
Amount of Each Receipt this Period 83.33

**C. Jennifer H Bradstreet**  
Full Name (Last, First, Middle Initial)  
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 Emergency Medicine Physicians Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 499.98

Date of Receipt 04 / 20 / 2015  
**Transaction ID : 22BED281004F472EA2E7**  
Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional)..... 1366.66  
**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 29 OF 340
	<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**

**A. Jennifer H Bradstreet**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 19 / 2015**

**Transaction ID : 20150518183743-6**

Amount of Each Receipt this Period  
**83.33**

**B. Jennifer H Bradstreet**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 18 / 2015**

**Transaction ID : 20150619175314-96**

Amount of Each Receipt this Period  
**83.33**

**C. Alkesh Brahmhatt**  
Full Name (Last, First, Middle Initial)

Mailing Address 1441 Langham Ter

City Lake Mary State FL Zip Code 32746-1967

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

Name of Employer Florida Emergency Physicians Kang & As Occupation 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  
**04 / 27 / 2015**

**Transaction ID : 83F7E214A7D642B48AB0**

Amount of Each Receipt this Period  
**1200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1366.66**

**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 30 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

**A. Sabina A Braithwaite**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 151295  
 City Alexandria State VA Zip Code 22315-1295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Virginia Hospital Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **416.70**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2015**  
**Transaction ID : 4456A441A6B0AE773E7B**  
 Amount of Each Receipt this Period  
**83.34**

**B. Sabina A Braithwaite**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 151295  
 City Alexandria State VA Zip Code 22315-1295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Virginia Hospital Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **416.70**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2015**  
**Transaction ID : 4DA0B1AF38A607066795**  
 Amount of Each Receipt this Period  
**83.34**

**C. Sabina A Braithwaite**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 151295  
 City Alexandria State VA Zip Code 22315-1295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Virginia Hospital Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **416.70**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 12 / 2015**  
**Transaction ID : 4E5FB4E45581EFD16910**  
 Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>250.02</b>
<b>TOTAL</b> 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 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. A Compton Broders**

Mailing Address 4022 Shannon Ln

City Dallas State TX Zip Code 75205-1737

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2015  
**Transaction ID : 4ECBC785-15D9-48B7-**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**B. Robert I Broida**

Mailing Address 2450 Stockbridge Rd

City Akron State OH Zip Code 44313-4580

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

Name of Employer Emergency Medicine Physician Managemen Occupation 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 / 07 / 2015  
**Transaction ID : 30D722CD-FB09-4B52-**

Amount of Each Receipt this Period  
 1200.00

Full Name (Last, First, Middle Initial)  
**C. Eric D Brown**

Mailing Address 9251 Lawing School Rd

City Charlotte State NC Zip Code 28214-8694

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

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 20150317A\_5**

Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3783.33
<b>TOTAL</b> 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 340
	<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**

**A. Eric D Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 9251 Lawing School Rd

City Charlotte State NC Zip Code 28214-8694

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

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
**04 / 20 / 2015**  
**Transaction ID : D2456AEA26E549D097D9**

Amount of Each Receipt this Period  
**83.33**

**B. Eric D Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 9251 Lawing School Rd

City Charlotte State NC Zip Code 28214-8694

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

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
**05 / 19 / 2015**  
**Transaction ID : 20150518183743-7**

Amount of Each Receipt this Period  
**83.33**

**C. Eric D Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 9251 Lawing School Rd

City Charlotte State NC Zip Code 28214-8694

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

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
**06 / 18 / 2015**  
**Transaction ID : 20150619175314-97**

Amount of Each Receipt this Period  
**83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>249.99</b>
<b>TOTAL</b> 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 340
	<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**

**A. Willie Charles Bruce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 126 Enclave Ave  
 City Deland State FL Zip Code 32724-8072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : 2106AD311C3E53E67C3**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**B. Michael Burton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3875 Geist Rd Ste E381  
 City Fairbanks State AK Zip Code 99709-3564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2015  
**Transaction ID : 2015060313759-193**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

**C. Joel E Buzy**  
 Full Name (Last, First, Middle Initial)  
 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 MEP Health LLC Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2015  
**Transaction ID : D77F7E87D3A6498D82E5**  
 Amount of Each Receipt this Period  
 100.00  
 Aggregate Year-to-Date ▼  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> 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: PAGE 34 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Joel E Buzy**

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 Occupation  
 MEP Health LLC Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 05 / 05 / 2015  
**Transaction ID : 3A5998BB9E3542B7972A**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Joel E Buzy**

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 Occupation  
 MEP Health LLC Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 06 / 02 / 2015  
**Transaction ID : 2E3723E6863146A4A174**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Amabel-Jovan C Cabatu**

Mailing Address 14081 Portrush Dr

City Orlando State FL Zip Code 32828-8241

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

Name of Employer Occupation  
 Florida Emergency Physicians Kang & As Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 04 / 27 / 2015  
**Transaction ID : 5D99205C11B348858F8D**

Amount of Each Receipt this Period  
 1200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 340
	<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**

**A. Christina Campana**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4960 Shady Brooke Run  
 City Medina State OH Zip Code 44256-8279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer General Emer Med Specialists Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **05 / 26 / 2015**  
**Transaction ID : 2015060313759-24**  
 Amount of Each Receipt this Period **350.00**

**B. Gregory Cannon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 129 Loch Pointe Dr  
 City Cary State NC Zip Code 27518-8418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 11 / 2015**  
**Transaction ID : DFD4420C8A494C06BAC5**  
 Amount of Each Receipt this Period **50.00**

**C. Jesse Caron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Temple Dr  
 City Winter Park State FL Zip Code 32789-1667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **04 / 27 / 2015**  
**Transaction ID : A1B463FBC63344A1BD44**  
 Amount of Each Receipt this Period **1200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1600.00</b>
<b>TOTAL</b> 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 340
	<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**

**A. Jorge L Carreras**  
Full Name (Last, First, Middle Initial)

Mailing Address 8297 Champions Gate Blvd  
Apt 417

City Champions Gate State FL Zip Code 33896-8387

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

Name of Employer Team Health Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 20 / 2015  
Transaction ID : **6BA4ACD232204C5EB943**

Amount of Each Receipt this Period  
250.00

**B. John Casey**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt  
03 / 17 / 2015  
Transaction ID : **20150317A 6**

Amount of Each Receipt this Period  
100.00

**c. John Casey**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt  
04 / 20 / 2015  
Transaction ID : **A09F4339FA864AD5A9CD**

Amount of Each Receipt this Period  
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 340
	<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**

**A. John Casey**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physicians	Occupation Emergency Physician
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2015

**Transaction ID : 20150518183743-8**

Amount of Each Receipt this Period  

100.00
--------

**B. John Casey**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physicians	Occupation Emergency Physician
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

**Transaction ID : 20150619175314-98**

Amount of Each Receipt this Period  

100.00
--------

**c. Michael David Cawdry**  
Full Name (Last, First, Middle Initial)

Mailing Address 2755 Herndon Ave  
Clovis Community Medical CenterEme

City Clovis	State CA	Zip Code 93611-6800
----------------	-------------	------------------------

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

Name of Employer CEP America	Occupation Emergency Physician
---------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **284.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

**Transaction ID : 20150710125259-167**

Amount of Each Receipt this Period  

200.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> 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 340
	<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**

**A. Kahang Lee Chan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1618 Bridgewater Dr

City Lake Mary State FL Zip Code 32746-4103

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

Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 27 / 2015  
**Transaction ID : 1578AB24447D4C02BE60**

Amount of Each Receipt this Period 1200.00

**B. Elaine Jannine Chiu**  
Full Name (Last, First, Middle Initial)

Mailing Address 1818 Blake St

City Berkeley State CA Zip Code 94703-1904

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

Name of Employer CEP America Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 284.60

Date of Receipt 06 / 24 / 2015  
**Transaction ID : 2015062910844-136**

Amount of Each Receipt this Period 84.60

**C. Mary Anna Chiu**  
Full Name (Last, First, Middle Initial)

Mailing Address 10220 N Orchard Ln

City Spokane State WA Zip Code 99208-5523

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : AF547D06D91845298E50**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1534.60

**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 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Mary Anna Chiu**

Mailing Address 10220 N Orchard Ln

City Spokane State WA Zip Code 99208-5523

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**06 / 30 / 2015**

**Transaction ID : 0AD20564EF8041D9AE5C**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Shih-Chin Chou**

Mailing Address 14003 Copperwillow Ct

City Houston State TX Zip Code 77044-5533

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **565.00**

Date of Receipt  
**04 / 09 / 2015**

**Transaction ID : 675B78D4-7749-46E4-**

Amount of Each Receipt this Period  
**365.00**

Full Name (Last, First, Middle Initial)  
**c. Shih-Chin Chou**

Mailing Address 14003 Copperwillow Ct

City Houston State TX Zip Code 77044-5533

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **565.00**

Date of Receipt  
**04 / 27 / 2015**

**Transaction ID : 2015050411131-69**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **815.00**

**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 340
	<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**

**A. Steve C Christos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1620 Primrose Ln  
 City Glenview State IL Zip Code 60026-7767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : 2015050411131-203**  
 Amount of Each Receipt this Period  
 200.00  
 Aggregate Year-to-Date ▼  
 350.00

**B. L Anthony Cirillo**  
 Full Name (Last, First, Middle Initial)  
 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 Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 20150317A 7**  
 Amount of Each Receipt this Period  
 100.00  
 Aggregate Year-to-Date ▼  
 600.00

**C. L Anthony Cirillo**  
 Full Name (Last, First, Middle Initial)  
 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 Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : 7435E7B8397641DE9538**  
 Amount of Each Receipt this Period  
 100.00  
 Aggregate Year-to-Date ▼  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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 340
	<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**

**A. L Anthony Cirillo**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **05 / 19 / 2015**

**Transaction ID : 20150518183743-9**

Amount of Each Receipt this Period **100.00**

**B. L Anthony Cirillo**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 18 / 2015**

**Transaction ID : 20150619175314-99**

Amount of Each Receipt this Period **100.00**

**C. Leonardo Cisneros**  
Full Name (Last, First, Middle Initial)

Mailing Address 2365 Forrest Rd

City Winter Park State FL Zip Code 32789-6028

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

Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **04 / 27 / 2015**

**Transaction ID : 489CDBB0B1934C28813B**

Amount of Each Receipt this Period **1200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Michael R Clark**

Mailing Address 3106 Swallow Ln

City Wausau State WI Zip Code 54401-7262

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

Name of Employer Ministry Medical Group Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 23 / 2015**

**Transaction ID : 3D2763E20C7550F3781**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. David James Claypool**

Mailing Address 1473 E Starpass Dr

City Fresno State CA Zip Code 93730-3446

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

Name of Employer Community Medical Providers Medical Gr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **284.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 24 / 2015**

**Transaction ID : 2015062910844-95**

Amount of Each Receipt this Period  
**84.60**

Full Name (Last, First, Middle Initial)  
**C. R Carter Clements**

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 Oakcare Medical Group Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : 4AD1B6EBAFDB9D8391EB**

Amount of Each Receipt this Period  
**83.34**

**SUBTOTAL** of Receipts This Page (optional)..... **417.94**

**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 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. R Carter Clements**

Mailing Address 5558 Taft Ave

City	State	Zip Code
Oakland	CA	94618-1519

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

Name of Employer	Occupation
Oakcare Medical Group	Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2015

**Transaction ID : 436A91C316EA0FBD098E**

Amount of Each Receipt this Period  
83.34

Full Name (Last, First, Middle Initial)  
**B. R Carter Clements**

Mailing Address 5558 Taft Ave

City	State	Zip Code
Oakland	CA	94618-1519

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

Name of Employer	Occupation
Oakcare Medical Group	Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

**Transaction ID : 4E4FBDD7ABEED0462148**

Amount of Each Receipt this Period  
83.34

Full Name (Last, First, Middle Initial)  
**C. R Carter Clements**

Mailing Address 5558 Taft Ave

City	State	Zip Code
Oakland	CA	94618-1519

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

Name of Employer	Occupation
Oakcare Medical Group	Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : 4F35BFA7A96BA42E35F1**

Amount of Each Receipt this Period  
83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<b>TOTAL</b> 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: PAGE 44 OF 340  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Daniel J Cole**

Mailing Address 1329 N 22nd St

City State Zip Code  
Fort Dodge IA 50501-2117

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

Name of Employer Occupation  
Emergency Practice Associates 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  
04 / 02 / 2015  
**Transaction ID : 58E170E568DF4B5FB471**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. Orion J Colfer**

Mailing Address 2523 Hanover Ave

City State Zip Code  
Richmond VA 23220-4003

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

Name of Employer Occupation  
Emergency Medicine Physician Managemen 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  
05 / 19 / 2015  
**Transaction ID : 20150518183743-10**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**c. Orion J Colfer**

Mailing Address 2523 Hanover Ave

City State Zip Code  
Richmond VA 23220-4003

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

Name of Employer Occupation  
Emergency Medicine Physician Managemen 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  
06 / 18 / 2015  
**Transaction ID : 20150619175314-100**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

**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 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Amy Ruben Conley**

Mailing Address 6419 Renwick Cir

City Tampa State FL Zip Code 33647-1173

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

Name of Employer Tampa Bay Emergency Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : 855B0560-F0C7-4C04-**

Amount of Each Receipt this Period  
**600.00**

Full Name (Last, First, Middle Initial)  
**B. Justin D Coomes**

Mailing Address 600 12th Ave S Apt 719

City Nashville State TN Zip Code 37203-6621

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

Name of Employer Emergency Medicine Physicians Occupation 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  
**06 / 18 / 2015**

**Transaction ID : 20150619175314-101**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Robert Raymond Cooney**

Mailing Address 15 Ash St

City Danville State PA Zip Code 17821-1101

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : 4967ACBA53B918D81844**

Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>783.34</b>
<b>TOTAL</b> 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 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial)  
**A. Robert Raymond Cooney**

Mailing Address 15 Ash St

City Danville	State PA	Zip Code 17821-1101
------------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2015  
**Transaction ID : 4D299F407230B5B839DB**

Amount of Each Receipt this Period  
83.34

Full Name (Last, First, Middle Initial)  
**B. Robert Raymond Cooney**

Mailing Address 15 Ash St

City Danville	State PA	Zip Code 17821-1101
------------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : 4D57AE721F442CA6C8EF**

Amount of Each Receipt this Period  
83.34

Full Name (Last, First, Middle Initial)  
**C. Robert Raymond Cooney**

Mailing Address 15 Ash St

City Danville	State PA	Zip Code 17821-1101
------------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2015  
**Transaction ID : 4666A8818EE68EA9FB0D**

Amount of Each Receipt this Period  
83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<b>TOTAL</b> 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 47 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Marco Coppola**

Mailing Address 7105 Waldon Ct

City Colleyville State TX Zip Code 76034-7319

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : 72506B3E-7B80-4B7A-**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**B. Christopher Corbit**

Mailing Address 1075 Mornington Cir

City Uniontown State OH Zip Code 44685-6244

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 20150317A 9**

Amount of Each Receipt this Period  
 83.33

Full Name (Last, First, Middle Initial)  
**c. Christopher Corbit**

Mailing Address 1075 Mornington Cir

City Uniontown State OH Zip Code 44685-6244

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : D5F7883953114547B69E**

Amount of Each Receipt this Period  
 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2666.66

**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 48 OF 340
	<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**

**A. Christopher Corbit**  
Full Name (Last, First, Middle Initial)

Mailing Address 1075 Mornington Cir

City Uniontown State OH Zip Code 44685-6244

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

Name of Employer: Emergency Medicine Physician Managemen  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt: **05 / 19 / 2015**  
**Transaction ID : 20150518183743-12**

Amount of Each Receipt this Period: **83.33**

**B. Christopher Corbit**  
Full Name (Last, First, Middle Initial)

Mailing Address 1075 Mornington Cir

City Uniontown State OH Zip Code 44685-6244

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

Name of Employer: Emergency Medicine Physician Managemen  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt: **06 / 18 / 2015**  
**Transaction ID : 20150619175314-102**

Amount of Each Receipt this Period: **83.33**

**C. Melissa Wysong Costello**  
Full Name (Last, First, Middle Initial)

Mailing Address 3762 Oakwood Ln

City Mobile State AL Zip Code 36608-2009

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

Name of Employer: Physician  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **816.67**

Date of Receipt: **02 / 12 / 2015**  
**Transaction ID : 49519D6D11387CA6B6CA**

Amount of Each Receipt this Period: **200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **366.66**

**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 49 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Melissa Wysong Costello</b>		Date of Receipt
Mailing Address 3762 Oakwood Ln		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Mobile	AL	36608-2009
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 4B6687EED38E73B6A174</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Physician	Emergency Physician	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="816.67"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Melissa Wysong Costello</b>		Date of Receipt
Mailing Address 3762 Oakwood Ln		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Mobile	AL	36608-2009
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 437AA16F4FC84709C5E0</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Physician	Emergency Physician	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="816.67"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Melissa Wysong Costello</b>		Date of Receipt
Mailing Address 3762 Oakwood Ln		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Mobile	AL	36608-2009
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150518182247-36</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Physician	Emergency Physician	<input type="text" value="16.67"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="816.67"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="416.67"/>
<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 50 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial)  
**A. Kathleen Cowling**

Mailing Address 3400 Midland Rd

City State Zip Code  
Saginaw MI 48603-9634

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

Name of Employer Occupation  
Physician 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  
04 / 21 / 2015

**Transaction ID : E7A69986-0399-4A24-**

Amount of Each Receipt this Period  
1200.00

Full Name (Last, First, Middle Initial)  
**B. Howard Jeffery Croft**

Mailing Address 10712 N Beechwood Dr

City State Zip Code  
Mequon WI 53092-5979

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

Name of Employer Occupation  
Infinity Healthcare Incorporated Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : 1A1840129237FAEEF2F**

Amount of Each Receipt this Period  
600.00

Full Name (Last, First, Middle Initial)  
**C. James Michael Cusick**

Mailing Address 1077 Race St  
Apt 702

City State Zip Code  
Denver CO 80206-2832

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

Name of Employer Occupation  
Physician Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : 43F09A9043339F0E6207**

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1883.34

**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: PAGE 51 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Steven Edward Davis**

Mailing Address 444 Dillon Cir NE

City State Zip Code  
 North Canton OH 44720-7863

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

Name of Employer Occupation  
 Canton Aultman Emergency Physicians 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  
 06 / 08 / 2015  
**Transaction ID : 20150612192310-21**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**B. Brian C Dawson**

Mailing Address 359 Augusta Dr

City State Zip Code  
 Abingdon VA 24211-3805

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

Name of Employer Occupation  
 Physician Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2015  
**Transaction ID : 734B14AE0430497A9D51**

Amount of Each Receipt this Period  
 125.00

Full Name (Last, First, Middle Initial)  
**C. Brian C Dawson**

Mailing Address 359 Augusta Dr

City State Zip Code  
 Abingdon VA 24211-3805

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

Name of Employer Occupation  
 Physician Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 7D8DD4D41D5E4A23A3CB**

Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 340		
	<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

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

Full Name (Last, First, Middle Initial)  
**A. Brian C Dawson**

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 Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 13 / 2015**

**Transaction ID : D65F0E081812401B9C3E**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**B. Brian C Dawson**

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 Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 13 / 2015**

**Transaction ID : 896437D91615474DB8E5**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**C. Brian C Dawson**

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 Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 13 / 2015**

**Transaction ID : B26FB54BFA41406391F4**

Amount of Each Receipt this Period  
**125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</b>
<b>TOTAL</b> 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 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Robert J Day**

Mailing Address 1720 Oak Leaf Ln

City Powell State OH Zip Code 43065-9516

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

Name of Employer Physician Occupation 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  
 06 / 29 / 2015  
**Transaction ID : 00A4BDAF-AE71-4237-**

Amount of Each Receipt this Period  
1200.00

Full Name (Last, First, Middle Initial)  
**B. Carrie de Moor**

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 Emergency Service Partners Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1002.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : 4F6693245B83AA327BBC**

Amount of Each Receipt this Period  
227.50

Full Name (Last, First, Middle Initial)  
**C. Carrie de Moor**

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 Emergency Service Partners Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1002.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : 2015040384953-45**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1452.50
<b>TOTAL</b> 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 340
	<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**

**A. Carrie de Moor**  
Full Name (Last, First, Middle Initial)

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 Emergency Service Partners Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1002.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : 4CC7818189477B33561E**

Amount of Each Receipt this Period  
 227.50

**B. Carrie de Moor**  
Full Name (Last, First, Middle Initial)

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 Emergency Service Partners Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1002.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2015  
**Transaction ID : 4E6A83BE424157D8DF2B**

Amount of Each Receipt this Period  
 227.50

**C. Carrie de Moor**  
Full Name (Last, First, Middle Initial)

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 Emergency Service Partners Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1002.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2015  
**Transaction ID : 4DFD8A51176804E90FE1**

Amount of Each Receipt this Period  
 227.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 682.50

**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:	PAGE 55 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial) <b>A. Carrie de Moor</b>		Date of Receipt
Mailing Address 4701 Paxton Ln		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Frisco	State TX	Zip Code 75034-2209
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20150710125259-68</b>
Name of Employer Emergency Service Partners		Amount of Each Receipt this Period
Occupation Emergency Physician		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1002.50"/>	

Full Name (Last, First, Middle Initial) <b>B. Wendy DeMartino</b>		Date of Receipt
Mailing Address 19 Little Pine Ln		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City Exeter	State NH	Zip Code 03833-3109
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20150317A 10</b>
Name of Employer Emergency Medicine Physician Managemen		Amount of Each Receipt this Period
Occupation Emergency Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="499.98"/>	

Full Name (Last, First, Middle Initial) <b>C. Wendy DeMartino</b>		Date of Receipt
Mailing Address 19 Little Pine Ln		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City Exeter	State NH	Zip Code 03833-3109
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2B6E11ADD3354F5F8D87</b>
Name of Employer Emergency Medicine Physician Managemen		Amount of Each Receipt this Period
Occupation Emergency Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="499.98"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="191.66"/>
<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 56 OF 340
	<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**

**A. Wendy DeMartino**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **05 / 19 / 2015**  
**Transaction ID : 20150518183743-13**

Amount of Each Receipt this Period **83.33**

**B. Wendy DeMartino**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **06 / 18 / 2015**  
**Transaction ID : 20150619175314-103**

Amount of Each Receipt this Period **83.33**

**C. Clifford J Denney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3603 Ethan Ln

City Orlando State FL Zip Code 32814-6571

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

Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **04 / 27 / 2015**  
**Transaction ID : E6CCFFA0BE8948A98515**

Amount of Each Receipt this Period **1200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1366.66**

**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:	PAGE 57 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**National Emergency Medicine Political Action Committee**

**A. Fred Dennis**  
Full Name (Last, First, Middle Initial)

Mailing Address 22287 Mulholland Hwy  
Ste 187

City Calabasas State CA Zip Code 91302-5157

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : 413DB85E7A3EDBF2A317**

Amount of Each Receipt this Period  
100.00

**B. Paul DePonte**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 Baytree Ct

City Winter Spgs State FL Zip Code 32708-5122

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

Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
04 / 27 / 2015  
**Transaction ID : 9476136A79174D849973**

Amount of Each Receipt this Period  
1200.00

**C. Jno Jacob Disch**  
Full Name (Last, First, Middle Initial)

Mailing Address 3892 Savoy Dr

City Cleveland State OH Zip Code 44126-1766

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
06 / 01 / 2015  
**Transaction ID : 20150612192310-156**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2300.00
<b>TOTAL</b> 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: PAGE 58 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Christopher I Doty**

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 SUNY Brooklyn Physicians Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : 5197CEE9-B4E7-4316-**

Amount of Each Receipt this Period  
 1200.00

Full Name (Last, First, Middle Initial)  
**B. Ryan M Dowden**

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015  
**Transaction ID : 20150130 120**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Ryan M Dowden**

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : 2015050411131-102**

Amount of Each Receipt this Period  
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. Marc M Dreier**  
Full Name (Last, First, Middle Initial)

Mailing Address 295 Richards Rd

City State Zip Code  
Ridgewood NJ 07450-1009

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

Name of Employer Occupation  
Valley Emergency Room Associates 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  
04 / 07 / 2015  
**Transaction ID : 39005CE9BB0B43ACB099**

Amount of Each Receipt this Period  
1200.00

**B. Reva Dubin**  
Full Name (Last, First, Middle Initial)

Mailing Address 547 Park Rd

City State Zip Code  
Mays Landing NJ 08330-1917

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

Name of Employer Occupation  
Physician Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015  
**Transaction ID : 521EB367BC9F4F1F8C66**

Amount of Each Receipt this Period  
75.00

**C. Reva Dubin**  
Full Name (Last, First, Middle Initial)

Mailing Address 547 Park Rd

City State Zip Code  
Mays Landing NJ 08330-1917

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

Name of Employer Occupation  
Physician Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2015  
**Transaction ID : 624CE94E026347FCA83B**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> 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 340
	<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**

**A. Reva Dubin**  
Full Name (Last, First, Middle Initial)

Mailing Address 547 Park Rd

City Mays Landing State NJ Zip Code 08330-1917

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
**05 / 05 / 2015**  
Transaction ID : **04295CF0DDB543B18D27**

Amount of Each Receipt this Period  
**75.00**

**B. David Alan Dubow**  
Full Name (Last, First, Middle Initial)

Mailing Address 2609 Crofton Springs Dr

City Raleigh State NC Zip Code 27615-4059

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**04 / 15 / 2015**  
Transaction ID : **43D06EFF98914E59BCD8**

Amount of Each Receipt this Period  
**50.00**

**C. David Alan Dubow**  
Full Name (Last, First, Middle Initial)

Mailing Address 2609 Crofton Springs Dr

City Raleigh State NC Zip Code 27615-4059

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**05 / 11 / 2015**  
Transaction ID : **20150511155714-7**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**

**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: PAGE 61 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. David Alan Dubow**

Mailing Address 2609 Crofton Springs Dr

City Raleigh State NC Zip Code 27615-4059

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 11 / 2015**

**Transaction ID : A9ADEAC84EE047A1827B**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Olly C Duckett**

Mailing Address 325 Meeting House Cir

City Raleigh State NC Zip Code 27615-3133

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 11 / 2015**

**Transaction ID : 5946070255154A24A489**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Gannon T Dudlar**

Mailing Address 243 W Scott St Apt 2

City Chicago State IL Zip Code 60610-1865

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

Name of Employer MEA Management LLC Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2015**

**Transaction ID : 201506297551-52**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

**A. Irv E Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 N Sepulveda Blvd  
 Ste 210  
 City Manhattan Bch State CA Zip Code 90266-6849  
 Name of Employer Emergent Medical Associates Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2015  
**Transaction ID : 4510B07885CF7E53741F**  
 Amount of Each Receipt this Period 250.00

**B. Irv E Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 N Sepulveda Blvd  
 Ste 210  
 City Manhattan Bch State CA Zip Code 90266-6849  
 Name of Employer Emergent Medical Associates Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2015  
**Transaction ID : 4C7D8EEDAE26E1F88642**  
 Amount of Each Receipt this Period 250.00

**C. Emile El-Shammaa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 287 Bristol Way  
 City Worthington State OH Zip Code 43085-3272  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : AAD5604759250CB692D**  
 Amount of Each Receipt this Period 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> 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: PAGE 63 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Clifford Erickson**

Mailing Address 31 Forest Dr

City State Zip Code  
 Voorheesville NY 12186-9530

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

Name of Employer Occupation  
 Emergency Medicine Physicians Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : 4077D5DAC2C54CD593CC**

Amount of Each Receipt this Period  
 83.33

Full Name (Last, First, Middle Initial)  
**B. Clifford Erickson**

Mailing Address 31 Forest Dr

City State Zip Code  
 Voorheesville NY 12186-9530

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

Name of Employer Occupation  
 Emergency Medicine Physicians Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : 20150518183743-14**

Amount of Each Receipt this Period  
 83.33

Full Name (Last, First, Middle Initial)  
**C. Clifford Erickson**

Mailing Address 31 Forest Dr

City State Zip Code  
 Voorheesville NY 12186-9530

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

Name of Employer Occupation  
 Emergency Medicine Physicians Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 20150619175314-105**

Amount of Each Receipt this Period  
 26.94

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 193.60

**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: PAGE 64 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. William Basil Felegi**

Mailing Address 731 Red Lion Way

City State Zip Code  
 Bridgewater NJ 08807-1668

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

Name of Employer Occupation  
 Emergency Medical Associates New Jerse Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2015

**Transaction ID : 4CE1ACD5FCA07CA6955E**

Amount of Each Receipt this Period  
 625.00

Full Name (Last, First, Middle Initial)  
**B. David N Ferrand**

Mailing Address 193 Bryna Ln

City State Zip Code  
 Carnegie PA 15106-1473

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

Name of Employer Occupation  
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 529.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 20150317A 12**

Amount of Each Receipt this Period  
 88.33

Full Name (Last, First, Middle Initial)  
**C. David N Ferrand**

Mailing Address 193 Bryna Ln

City State Zip Code  
 Carnegie PA 15106-1473

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

Name of Employer Occupation  
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 529.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2015

**Transaction ID : 70CF0CFBB3F94FA4A918**

Amount of Each Receipt this Period  
 88.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **801.66**

**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: PAGE 65 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. David N Ferrand**

Mailing Address 193 Bryna Ln

City State Zip Code  
 Carnegie PA 15106-1473

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

Name of Employer Occupation  
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 529.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : 20150518183743-15**

Amount of Each Receipt this Period  
 88.33

Full Name (Last, First, Middle Initial)  
**B. David N Ferrand**

Mailing Address 193 Bryna Ln

City State Zip Code  
 Carnegie PA 15106-1473

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

Name of Employer Occupation  
 Emergency Medicine Physician Managemen Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 529.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 20150619175314-106**

Amount of Each Receipt this Period  
 88.33

Full Name (Last, First, Middle Initial)  
**C. Clifford Findeiss**

Mailing Address 2824 NE 27th St

City State Zip Code  
 Ft Lauderdale FL 33306-1913

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

Name of Employer Occupation  
 Physician 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  
 03 / 25 / 2015  
**Transaction ID : 2015040384953-63**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **676.66**

**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 66 OF 340
	<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**

**A. John T Finnell II**  
Full Name (Last, First, Middle Initial)

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 Indiana University Health Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
03 / 12 / 2015  
Transaction ID : 4DDB9CDD2D01C01BCFEI

Amount of Each Receipt this Period  
83.34

**B. John T Finnell II**  
Full Name (Last, First, Middle Initial)

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 Indiana University Health Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
04 / 12 / 2015  
Transaction ID : 4A4E95314FC4D73433E3

Amount of Each Receipt this Period  
83.34

**C. John T Finnell II**  
Full Name (Last, First, Middle Initial)

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 Indiana University Health Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
05 / 12 / 2015  
Transaction ID : 41918B1769082EEDF5CE

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.02

**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 67 OF 340
<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**

Full Name (Last, First, Middle Initial) <b>A. John T Finnell II</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2015 <b>Transaction ID : 41E28F7AEB078ECC6CF8</b>
Mailing Address 505 S 5th St		Amount of Each Receipt this Period 83.34
City Zionsville	State IN	Zip Code 46077-1745
FEC ID number of contributing federal political committee. C		
Name of Employer Indiana University Health Physicians	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) <b>B. Angela Siler Fisher</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 12 / 2015 <b>Transaction ID : 4248AC0E5061D9713C23</b>
Mailing Address 2211 Bolsover St		Amount of Each Receipt this Period 250.00
City Houston	State TX	Zip Code 77005-2623
FEC ID number of contributing federal political committee. C		
Name of Employer Baylor College of Medicine Emergency M	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Angela Siler Fisher</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2015 <b>Transaction ID : 4250AC5C854D3ED09808</b>
Mailing Address 2211 Bolsover St		Amount of Each Receipt this Period 250.00
City Houston	State TX	Zip Code 77005-2623
FEC ID number of contributing federal political committee. C		
Name of Employer Baylor College of Medicine Emergency M	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.34
<b>TOTAL</b> 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 68 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

**A. Jason M Fisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20480 Royal Stone Dr  
 City Malibu State CA Zip Code 90265-5346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 284.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2015  
**Transaction ID : 2015062910844-200**  
 Amount of Each Receipt this Period  
 84.60

**B. Diana L Fite**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27127 Bridleway Cir  
 City Magnolia State TX Zip Code 77355-2224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : 89A7B938D2A6443591B2**  
 Amount of Each Receipt this Period  
 100.00

**C. Diana L Fite**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27127 Bridleway Cir  
 City Magnolia State TX Zip Code 77355-2224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : EA8A6B7CD8BE45AE833D**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	284.60
<b>TOTAL</b> 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:	PAGE 69 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial)  
**A. Diana L Fite**

Mailing Address 27127 Bridleway Cir

City Magnolia State TX Zip Code 77355-2224

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 27 / 2015**

**Transaction ID : 02197DF7923541EA86AE**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Diana L Fite**

Mailing Address 27127 Bridleway Cir

City Magnolia State TX Zip Code 77355-2224

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 27 / 2015**

**Transaction ID : 2C67C3F073EB4474B465**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Juan Francisco Fitz**

Mailing Address 6003 84th St

City Lubbock State TX Zip Code 79424-3686

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

Name of Employer Emergency Aeromedical Specialist Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : 4A8D853058813A7921A5**

Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>283.34</b>
<b>TOTAL</b> 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 70 OF 340
	<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**

**A. Juan Francisco Fitz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6003 84th St  
City Lubbock State TX Zip Code 79424-3686  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Emergency Aeromedical Specialist  
Occupation: Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 04 / 12 / 2015  
**Transaction ID : 4E9AB81FCE6F8404FAB3**  
Amount of Each Receipt this Period: 83.34

**B. Juan Francisco Fitz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6003 84th St  
City Lubbock State TX Zip Code 79424-3686  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Emergency Aeromedical Specialist  
Occupation: Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 05 / 12 / 2015  
**Transaction ID : 4C1796C826BA17ABE31B**  
Amount of Each Receipt this Period: 83.34

**C. Juan Francisco Fitz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6003 84th St  
City Lubbock State TX Zip Code 79424-3686  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Emergency Aeromedical Specialist  
Occupation: Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 06 / 12 / 2015  
**Transaction ID : 4CFEA972FC5169DC0DE2**  
Amount of Each Receipt this Period: 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.02  
**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 71 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Charles A Fleischer**

Mailing Address 9 Galbraith Rd

City Suffern State NY Zip Code 10901-3326

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015  
**Transaction ID : 33380E70-40E9-402B-**

Amount of Each Receipt this Period  
1200.00

Full Name (Last, First, Middle Initial)  
**B. Kelly Foley**

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 Emergency Physicians of Tidewater Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 46AC90D8AC83D45DC9C5**

Amount of Each Receipt this Period  
83.34

Full Name (Last, First, Middle Initial)  
**C. Kelly Foley**

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 Emergency Physicians of Tidewater Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2015  
**Transaction ID : 488082036ADAB7156D39**

Amount of Each Receipt this Period  
83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1366.68
<b>TOTAL</b> 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 72 OF 340
	<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**

**A. Kelly Foley**  
Full Name (Last, First, Middle Initial)

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 Emergency Physicians of Tidewater Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt **05 / 12 / 2015**

**Transaction ID : 43CD82B920C0F2686EBF**

Amount of Each Receipt this Period **83.34**

**B. Kelly Foley**  
Full Name (Last, First, Middle Initial)

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 Emergency Physicians of Tidewater Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt **06 / 12 / 2015**

**Transaction ID : 4AA4BBEA49B106A0E3DF**

Amount of Each Receipt this Period **83.34**

**C. Matt John Frankovsky**  
Full Name (Last, First, Middle Initial)

Mailing Address 1360 N Rockridge Rd

City Flagstaff State AZ Zip Code 86001-1146

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

Name of Employer Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 18 / 2015**

**Transaction ID : 20150619175314-107**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **266.68**

**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 73 OF 340
	<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**

**A. Daniel Freess**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Soby Dr

City West Hartford State CT Zip Code 06107-1034

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
03 / 17 / 2015  
**Transaction ID : 20150317A\_13**

Amount of Each Receipt this Period  
100.00

**B. Daniel Freess**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Soby Dr

City West Hartford State CT Zip Code 06107-1034

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
04 / 20 / 2015  
**Transaction ID : 87DD6E4ADE054DC8BBC6**

Amount of Each Receipt this Period  
100.00

**C. Daniel Freess**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Soby Dr

City West Hartford State CT Zip Code 06107-1034

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
05 / 19 / 2015  
**Transaction ID : 20150518183743-17**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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:	PAGE 74 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. Daniel Freess**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Soby Dr

City West Hartford State CT Zip Code 06107-1034

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 20150619175314-108**

Amount of Each Receipt this Period  
**100.00**

**B. Jeremy Fried**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 Bainbridge Rd

City West Hartford State CT Zip Code 06119-1145

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : 20150710125259-232**

Amount of Each Receipt this Period  
**200.00**

**C. Vidor E Friedman**  
Full Name (Last, First, Middle Initial)

Mailing Address 13061 Water Point Blvd

City Windermere State FL Zip Code 34786-5818

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

Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : 30B0A53BF9E2489D9818**

Amount of Each Receipt this Period  
**2500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2800.00</b>
<b>TOTAL</b> 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 75 OF 340
	<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**

**A. Vicki Kay Friend**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5753 Aloma Woods Blvd  
 City Oviedo State FL Zip Code 32765-9437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Emergency Physicians Kang & As Occupation 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  
 04 / 27 / 2015  
**Transaction ID : 5EF53FFA0CAD487DBE45**  
 Amount of Each Receipt this Period  
 1200.00

**B. Wayne S Friestad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1528 Langham Ter  
 City Lake Mary State FL Zip Code 32746-1971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Emergency Physicians Kang & As Occupation 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  
 04 / 27 / 2015  
**Transaction ID : 21500827948A49789A60**  
 Amount of Each Receipt this Period  
 1200.00

**C. Anita Marie Gage**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2174 N Hametown Rd  
 City Akron State OH Zip Code 44333-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 20150317A\_14**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2483.33
<b>TOTAL</b> 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 76 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Anita Marie Gage**

Mailing Address 2174 N Hametown Rd

City Akron	State OH	Zip Code 44333-1026
---------------	-------------	------------------------

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

Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 20 / 2015**

**Transaction ID : 8C964F01761442D88ABC**

Amount of Each Receipt this Period  
**83.33**

Full Name (Last, First, Middle Initial)  
**B. Anita Marie Gage**

Mailing Address 2174 N Hametown Rd

City Akron	State OH	Zip Code 44333-1026
---------------	-------------	------------------------

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

Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 19 / 2015**

**Transaction ID : 20150518183743-18**

Amount of Each Receipt this Period  
**83.33**

Full Name (Last, First, Middle Initial)  
**C. Anita Marie Gage**

Mailing Address 2174 N Hametown Rd

City Akron	State OH	Zip Code 44333-1026
---------------	-------------	------------------------

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

Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 18 / 2015**

**Transaction ID : 20150619175314-109**

Amount of Each Receipt this Period  
**83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>249.99</b>
<b>TOTAL</b> 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 77 OF 340
	<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**

**A. William Stephen Gallea**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6622

City Helena State MT Zip Code 59604-6622

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

Name of Employer Lewis & Clark Emergency Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2015**

**Transaction ID : F9811184F53840E0BBEF**

Amount of Each Receipt this Period  
**250.00**

**B. William Stephen Gallea**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6622

City Helena State MT Zip Code 59604-6622

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

Name of Employer Lewis & Clark Emergency Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2015**

**Transaction ID : 750C2225A6894EAAADF6**

Amount of Each Receipt this Period  
**250.00**

**C. Angela F Gardner**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 11 / 2015**

**Transaction ID : 493592E5993296503BC2**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>600.00</b>
<b>TOTAL</b> 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:	PAGE 78 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**National Emergency Medicine Political Action Committee**

**A. Angela F Gardner**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 11 / 2015  
Transaction ID : 4DD7A5B5AB4D7FF5E983

Amount of Each Receipt this Period  
100.00

**B. Angela F Gardner**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 11 / 2015  
Transaction ID : 492393067A19B57EF99E

Amount of Each Receipt this Period  
100.00

**C. Brent F Gardner**  
Full Name (Last, First, Middle Initial)

Mailing Address 640 E Club Cir

City Longwood State FL Zip Code 32779-2256

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
06 / 19 / 2015  
Transaction ID : FA560D24C007CA942A1

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 340
	<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**

**A. James P Gardner**  
Full Name (Last, First, Middle Initial)

Mailing Address 5421 Gharrett Ave

City Missoula State MT Zip Code 59803-2601

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

Name of Employer Western Montana Emergency Physicians Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 05 / 2015  
**Transaction ID : C54A119278A2A8C20ED**

Amount of Each Receipt this Period 600.00

**B. Michael David Garfinkel**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : 20150317A 15**

Amount of Each Receipt this Period 100.00

**c. Michael David Garfinkel**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 20 / 2015  
**Transaction ID : FC5D6442063F49BEB08D**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 340
	<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**

**A. Michael David Garfinkel**  
Full Name (Last, First, Middle Initial)

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: Emergency Medicine Physician Managemen  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **05 / 19 / 2015**  
**Transaction ID : 20150518183743-19**

Amount of Each Receipt this Period: **100.00**

**B. Michael David Garfinkel**  
Full Name (Last, First, Middle Initial)

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: Emergency Medicine Physician Managemen  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **06 / 18 / 2015**  
**Transaction ID : 20150619175314-110**

Amount of Each Receipt this Period: **100.00**

**C. James E Garrett**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 Sea Buoy Ct

City Emerald Isle State NC Zip Code 28594-2303

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

Name of Employer: Physician  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **03 / 19 / 2015**  
**Transaction ID : 40C69509CD0D32B701DD**

Amount of Each Receipt this Period: **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **500.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 340
	<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**

**A. James E Garrett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 Sea Buoy Ct  
 City Emerald Isle State NC Zip Code 28594-2303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 19 / 2015**  
**Transaction ID : 42EDA38D31A055AB2A83**  
 Amount of Each Receipt this Period **300.00**

**B. Marianne Gausche-Hill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1931 Power St  
 City Hermosa Beach State CA Zip Code 90254-2915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **06 / 17 / 2015**  
**Transaction ID : 97D30118D5D5E60C3A6**  
 Amount of Each Receipt this Period **1200.00**

**C. Daniel C Geary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 142 Woodshire Rd  
 City Pittsburgh State PA Zip Code 15215-1714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **499.98**

Date of Receipt **03 / 17 / 2015**  
**Transaction ID : 20150317A\_45**  
 Amount of Each Receipt this Period **83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **1583.33**  
**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 82 OF 340
	<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**

**A. Daniel C Geary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 142 Woodshire Rd  
 City Pittsburgh State PA Zip Code 15215-1714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : 8FFD7B092BFA4D34957F**  
 Amount of Each Receipt this Period  
 83.33

**B. Daniel C Geary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 142 Woodshire Rd  
 City Pittsburgh State PA Zip Code 15215-1714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : 20150518183743-52**  
 Amount of Each Receipt this Period  
 83.33

**c. Daniel C Geary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 142 Woodshire Rd  
 City Pittsburgh State PA Zip Code 15215-1714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 20150619175314-148**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 83 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Christopher M Gentle**

Mailing Address 10131 Roulette Dr

City Hagerstown State MD Zip Code 21740-1492

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 05 / 2015**

**Transaction ID : D6716A07F5764525B5FA**

Amount of Each Receipt this Period  
**600.00**

Full Name (Last, First, Middle Initial)  
**B. Michael Joseph Gerardi**

Mailing Address 32 Goldfinch Dr

City Hackettstown State NJ Zip Code 07840-3008

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

Name of Employer Emergency Medical Associates New Jerse Occupation 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  
**05 / 30 / 2015**

**Transaction ID : 4D6C9A90-F1BC-42F9-**

Amount of Each Receipt this Period  
**1200.00**

Full Name (Last, First, Middle Initial)  
**C. Stephen J Giebel**

Mailing Address 1261 E Desert Flower Ln

City Phoenix State AZ Zip Code 85048-4443

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : C766F66555E346728D71**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **2050.00**

**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 84 OF 340
	<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**

**A. David Andrew Goldman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 428 Raccoon St  
 City Lake Mary State FL Zip Code 32746-3802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **04 / 27 / 2015**  
**Transaction ID : B1704F9CCF04EA69A85**  
 Amount of Each Receipt this Period **1200.00**

**B. Jeffrey Michael Goodloe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3720 E 99th PI  
 City Tulsa State OK Zip Code 74137-5231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **01 / 10 / 2015**  
**Transaction ID : 4D19A58CBCF2273A8CA9**  
 Amount of Each Receipt this Period **250.00**

**C. Jeffrey Michael Goodloe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3720 E 99th PI  
 City Tulsa State OK Zip Code 74137-5231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **02 / 07 / 2015**  
**Transaction ID : 460097111445343DF9D7**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1700.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 340
	<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**

**A. Jeffrey Michael Goodloe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3720 E 99th PI  
 City State Zip Code  
 Tulsa OK 74137-5231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Physician Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : 472DA3B8DF10A5BE4F7F**  
 Amount of Each Receipt this Period  
 250.00

**B. Mylissa Amy Graber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7809 Trieste PI  
 City State Zip Code  
 Delray Beach FL 33446-4403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EmCare Headquarters Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 42838FCDA29A22CF0BF2**  
 Amount of Each Receipt this Period  
 100.00

**C. Mylissa Amy Graber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7809 Trieste PI  
 City State Zip Code  
 Delray Beach FL 33446-4403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EmCare Headquarters Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2015  
**Transaction ID : 4C0D83F888C55DC617F9**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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 86 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Mylissa Amy Graber**

Mailing Address 7809 Trieste Pl

City Delray Beach	State FL	Zip Code 33446-4403
----------------------	-------------	------------------------

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

Name of Employer EmCare Headquarters	Occupation Emergency Physician
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

**Transaction ID : 4FB5B1CDE72EDFED7C8C**

Amount of Each Receipt this Period  

100.00
--------

Full Name (Last, First, Middle Initial)  
**B. Mylissa Amy Graber**

Mailing Address 7809 Trieste Pl

City Delray Beach	State FL	Zip Code 33446-4403
----------------------	-------------	------------------------

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

Name of Employer EmCare Headquarters	Occupation Emergency Physician
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : 4897B5A298FB8FCD1B06**

Amount of Each Receipt this Period  

100.00
--------

Full Name (Last, First, Middle Initial)  
**C. Ken John Gramyk**

Mailing Address 3734 Lakeshore Dr

City Sagle	State ID	Zip Code 83860-8100
---------------	-------------	------------------------

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

Name of Employer Lake Pend Oreille Emergency Medicine P	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

**Transaction ID : 46DB8A94F82DC28F14BC**

Amount of Each Receipt this Period  

41.67
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>241.67</b>
<b>TOTAL</b> 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 87 OF 340
	<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**

**A. Ken John Gramyk**  
Full Name (Last, First, Middle Initial)

Mailing Address 3734 Lakeshore Dr

City Sagle State ID Zip Code 83860-8100

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

Name of Employer Lake Pend Oreille Emergency Medicine P Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 12 / 2015  
**Transaction ID : 494786BF5A80CA601826**

Amount of Each Receipt this Period 41.67

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

Mailing Address 1 Cherry Hills Dr

City Aiken State SC Zip Code 29803-5688

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 03 / 12 / 2015  
**Transaction ID : 4F94AA2A00490713210B**

Amount of Each Receipt this Period 83.34

**C. Stephen A D Grant**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Cherry Hills Dr

City Aiken State SC Zip Code 29803-5688

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 04 / 12 / 2015  
**Transaction ID : 4FBBA6C35040751411C6**

Amount of Each Receipt this Period 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 208.35

**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 88 OF 340
	<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**

**A. Stephen A D Grant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Cherry Hills Dr  
 City Aiken State SC Zip Code 29803-5688  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.04**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : 455F992F29DF75FAC9C3**  
 Amount of Each Receipt this Period **83.34**

**B. Stephen A D Grant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Cherry Hills Dr  
 City Aiken State SC Zip Code 29803-5688  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.04**

Date of Receipt **06 / 12 / 2015**  
**Transaction ID : 4AC88DBDB46C463B836F**  
 Amount of Each Receipt this Period **83.34**

**C. Dale C Grantham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1110 Blue Sage Rd NE  
 City Rio Rancho State NM Zip Code 87144-5763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **05 / 28 / 2015**  
**Transaction ID : 0A0DC56567B75C0848C**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **416.68**  
**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 89 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

**A. Andrea L Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Twin Springs Dr  
 City State Zip Code  
 Arlington TX 76016-4027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Arlington Emergency Medical Associates 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 / 12 / 2015  
**Transaction ID : 47F69D8C5DFBEF7E17D8**  
 Amount of Each Receipt this Period  
 250.00

**B. Andrea L Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Twin Springs Dr  
 City State Zip Code  
 Arlington TX 76016-4027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Arlington Emergency Medical Associates 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  
 05 / 12 / 2015  
**Transaction ID : 4A93B3A4B42D917C60E1**  
 Amount of Each Receipt this Period  
 250.00

**C. William James Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Avenida Brio  
 City State Zip Code  
 San Clemente CA 92673-6844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Newport Emergency Medical Group Incorp Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : 45B8D39380474EC5A5CB**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	865.00
<b>TOTAL</b> 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 90 OF 340
	<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**

**A. Jason Greenbaum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Sussex Pl  
 City Stamford State CT Zip Code 06905-2931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medical Associates New Jerse Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2015  
**Transaction ID : FED861D7-9AE8-4B3C-**  
 Amount of Each Receipt this Period  
**1200.00**

**B. Robert D Greenberg**  
 Full Name (Last, First, Middle Initial)  
 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 Scott & White Department of Emergency Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2015  
**Transaction ID : 9E920C9FEDD447288605**  
 Amount of Each Receipt this Period  
**250.00**

**c. Robert D Greenberg**  
 Full Name (Last, First, Middle Initial)  
 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 Scott & White Department of Emergency Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2015  
**Transaction ID : BF5F849C187040278ACF**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1700.00</b>
<b>TOTAL</b> 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 91 OF 340
	<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**

**A. Rachele Ann Greenman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 Renaissance Dr  
 City State Zip Code  
 Cherry Hill NJ 08003-5102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Physician Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2015  
**Transaction ID : FD76E42F07742B89510**  
 Amount of Each Receipt this Period  
 1050.00

**B. Amy Griffin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 Midden Way  
 City State Zip Code  
 Holly Springs NC 27540-6842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wake Emergency Physicians PA Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2015  
**Transaction ID : AF6959D6D5464844B9F6**  
 Amount of Each Receipt this Period  
 50.00

**C. Earl A Grubbs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7910 Georgetown Cir  
 City State Zip Code  
 Suwanee GA 30024-6623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Paragon Emergency Physicians Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2015  
**Transaction ID : 4CAD8F4E73A5E7D0EBB**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> 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 92 OF 340
	<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**

**A. Puneet Gupta**  
Full Name (Last, First, Middle Initial)

Mailing Address 4532 Colonial Dr  
Apt 4

City Saginaw State MI Zip Code 48603-3905

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
05 / 08 / 2015  
Transaction ID : **1E924D4F870FED9B40A**

Amount of Each Receipt this Period  
365.00

**B. Thomas E Gutwein**  
Full Name (Last, First, Middle Initial)

Mailing Address 2429 Lake Ridge Dr

City Fort Wayne State IN Zip Code 46804-3822

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

Name of Employer Professional Emergency Physicians Inco Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
06 / 15 / 2015  
Transaction ID : **B374852E05C16D53C98**

Amount of Each Receipt this Period  
1200.00

**C. Ann Malia Haleakala**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 108

City Pepeekeo State HI Zip Code 96783-0108

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

Name of Employer Hawaii Emergency Physicians Associates Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 12 / 2015  
Transaction ID : **4C1CAA0E276E65AE21BE**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1815.00
<b>TOTAL</b> 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 93 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ann Malia Haleakala</b>		Date of Receipt
Mailing Address PO Box 108		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Pepeekeo	HI	96783-0108
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 410E87BD37F8123E244B</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Hawaii Emergency Physicians Associates	Emergency Physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Timothy James Hall</b>		Date of Receipt
Mailing Address 1380 Woodhurst Dr		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rock Hill	SC	29732-2082
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150317A 16</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Physician	Emergency Physician	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Timothy James Hall</b>		Date of Receipt
Mailing Address 1380 Woodhurst Dr		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rock Hill	SC	29732-2082
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : D09E3555A7194A6DB50B</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Physician	Emergency Physician	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
<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 94 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Timothy James Hall</b>		Date of Receipt
Mailing Address 1380 Woodhurst Dr		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rock Hill	SC	29732-2082
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150518183743-20</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Physician	Emergency Physician	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Timothy James Hall</b>		Date of Receipt
Mailing Address 1380 Woodhurst Dr		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rock Hill	SC	29732-2082
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150619175314-111</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Physician	Emergency Physician	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. PJ Hamilton-Gaertner</b>		Date of Receipt
Mailing Address 580 Vista Del Lago Ln		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Wake Forest	NC	27587-5342
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : FEE4FFB0448D4B3D8806</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Wake Emergency Physicians PA	Emergency Physician	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
<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 95 OF 340
	<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**

**A. J Brian Hancock**  
Full Name (Last, First, Middle Initial)

Mailing Address 378 Lenox Ln

City Brighton State MI Zip Code 48114-5008

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

Name of Employer Physician Occupation 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 / 12 / 2015  
**Transaction ID : 4E6DABE88FB09F397DFD**

Amount of Each Receipt this Period  
 250.00

**B. J Brian Hancock**  
Full Name (Last, First, Middle Initial)

Mailing Address 378 Lenox Ln

City Brighton State MI Zip Code 48114-5008

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

Name of Employer Physician Occupation 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  
 05 / 12 / 2015  
**Transaction ID : 4633A8A2A5002653A64F**

Amount of Each Receipt this Period  
 250.00

**C. Gisli E Haraldsson**  
Full Name (Last, First, Middle Initial)

Mailing Address 6942 Suncrest Dr

City Saline State MI Zip Code 48176-9103

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 43478AB4D824B159453C**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 340
	<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**

**A. Gisli E Haraldsson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6942 Suncrest Dr  
 City Saline State MI Zip Code 48176-9103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2015  
**Transaction ID : 4688BA0465C142A875E5**  
 Amount of Each Receipt this Period  
**100.00**

**B. Gisli E Haraldsson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6942 Suncrest Dr  
 City Saline State MI Zip Code 48176-9103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : 409BB8FF3C766F5203C3**  
 Amount of Each Receipt this Period  
**100.00**

**C. Gisli E Haraldsson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6942 Suncrest Dr  
 City Saline State MI Zip Code 48176-9103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015  
**Transaction ID : 4806B0ACAD50CE1E194B**  
 Amount of Each Receipt this Period  
**100.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. Russell H Harris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5829 Wissahickon Ave

City Philadelphia	State PA	Zip Code 19144-4446
----------------------	-------------	------------------------

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

Name of Employer EmCare Headquarters	Occupation Emergency Physician
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	05	/	2015

**Transaction ID : 02AB4AAF26B1427E999A**

Amount of Each Receipt this Period  
100.00

**B. Russell H Harris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5829 Wissahickon Ave

City Philadelphia	State PA	Zip Code 19144-4446
----------------------	-------------	------------------------

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

Name of Employer EmCare Headquarters	Occupation Emergency Physician
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	04	/	2015

**Transaction ID : 7BC03F3A18F244B6AF62**

Amount of Each Receipt this Period  
100.00

**C. Russell H Harris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5829 Wissahickon Ave

City Philadelphia	State PA	Zip Code 19144-4446
----------------------	-------------	------------------------

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

Name of Employer EmCare Headquarters	Occupation Emergency Physician
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	03	/	2015

**Transaction ID : F5EBAC2F12BB4DE58A06**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 99 OF 340
	<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**

**A. Jonathan Heidt**  
Full Name (Last, First, Middle Initial)  
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 Physician	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Date of Receipt  
03 / 05 / 2015  
**Transaction ID : 10A0EAC25CC14763940C**

Amount of Each Receipt this Period  
83.33

**B. Jonathan Heidt**  
Full Name (Last, First, Middle Initial)  
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 Physician	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Date of Receipt  
04 / 05 / 2015  
**Transaction ID : 869CF5823CBE43B1B0ED**

Amount of Each Receipt this Period  
83.33

**C. Jonathan Heidt**  
Full Name (Last, First, Middle Initial)  
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 Physician	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Date of Receipt  
05 / 05 / 2015  
**Transaction ID : F2AB5A18FB374ACC88C4**

Amount of Each Receipt this Period  
83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 100 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Jonathan Heidt**

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 Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : E2D9657E722149609A59**

Amount of Each Receipt this Period  
83.33

Full Name (Last, First, Middle Initial)  
**B. Carlton E Heine**

Mailing Address 2986 Foster Ave

City Juneau	State AK	Zip Code 99801-1956
----------------	-------------	------------------------

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

Name of Employer Juneau Emergency Medical Associates	Occupation 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
06	/	05	/	2015

**Transaction ID : 43E48860DCD381E44879**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**C. Marilyn Joan Heine**

Mailing Address 900 Twining Rd

City Dresher	State PA	Zip Code 19025-1726
-----------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

**Transaction ID : 2015050411131-223**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	633.33
<b>TOTAL</b> 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:	PAGE 101 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. Gary Thomas Hemann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1650 S Sky Ridge Dr  
 City State Zip Code  
 Wdm IA 50266-3812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mercy Professional Practice Associates 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  
 06 / 26 / 2015  
**Transaction ID : 32A7A4736D7A1373DF5**  
 Amount of Each Receipt this Period  
 1200.00

**B. Justin P Hensley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5121 Ocean Dr  
 City State Zip Code  
 Corpus Christi TX 78412-2661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Physician 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  
 06 / 24 / 2015  
**Transaction ID : 46F8B1528B98469667EF**  
 Amount of Each Receipt this Period  
 100.00

**C. Dennis A Hernandez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3278 Tala Loop  
 City State Zip Code  
 Longwood FL 32779-3128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Florida Emergency Physicians Kang & As 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  
 04 / 27 / 2015  
**Transaction ID : CCC638F076C84CF88C12**  
 Amount of Each Receipt this Period  
 1200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 102 OF 340
	<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**

**A. Douglas M Hill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6770 Ridgeview Dr  
City Morrison State CO Zip Code 80465-2720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Physician Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1200.00

Date of Receipt 04 / 08 / 2015  
Transaction ID : 835A0C9E041584CCA9D  
Amount of Each Receipt this Period 1200.00

**B. Jon Mark Hirshon**  
Full Name (Last, First, Middle Initial)  
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 Physician Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt 02 / 12 / 2015  
Transaction ID : 4DC7B16E696490944CE1  
Amount of Each Receipt this Period 300.00

**C. Jon Mark Hirshon**  
Full Name (Last, First, Middle Initial)  
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 Physician Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt 05 / 12 / 2015  
Transaction ID : 4067AB9A53810285BEF1  
Amount of Each Receipt this Period 300.00

**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 103 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. Larry Allen Hobbs</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2015 <b>Transaction ID : 47679A34486B1ED84524</b>
Mailing Address 12717 Brewster Dr Lee Memorial Gulf Coast Med Ctr		Amount of Each Receipt this Period 100.00
City Fort Myers	State FL	
Zip Code 33908-1809		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Southwest Florida Emergency Physicians	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Larry Allen Hobbs</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : 462DB81394B6CFACE30C</b>
Mailing Address 12717 Brewster Dr Lee Memorial Gulf Coast Med Ctr		Amount of Each Receipt this Period 100.00
City Fort Myers	State FL	
Zip Code 33908-1809		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Southwest Florida Emergency Physicians	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Larry Allen Hobbs</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2015 <b>Transaction ID : 4831877EECDBFC2DCA17</b>
Mailing Address 12717 Brewster Dr Lee Memorial Gulf Coast Med Ctr		Amount of Each Receipt this Period 100.00
City Fort Myers	State FL	
Zip Code 33908-1809		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Southwest Florida Emergency Physicians	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 104 OF 340
	<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**

**A. Larry Allen Hobbs**  
Full Name (Last, First, Middle Initial)

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 Southwest Florida Emergency Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
06 / 12 / 2015  
**Transaction ID : 4649B21B46C2F99A4899**

Amount of Each Receipt this Period  
100.00

**B. Kenneth L Holbert**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 Laural Hill Dr

City Smyrna State TN Zip Code 37167-4907

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

Name of Employer Team Health Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
05 / 08 / 2015  
**Transaction ID : 3E74CF93AAB3EE042FA**

Amount of Each Receipt this Period  
1200.00

**C. Kenneth L Holbert**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 Laural Hill Dr

City Smyrna State TN Zip Code 37167-4907

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

Name of Employer Team Health Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
05 / 31 / 2015  
**Transaction ID : 2015060313759-192**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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



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

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

FOR LINE NUMBER: PAGE 105 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Steven R Horn**

Mailing Address 5285 Laurelridge Ln

City State Zip Code  
 Cincinnati OH 45247-7950

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

Name of Employer Occupation  
 Premier Physician Services Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : B23B88530498566A522**

Amount of Each Receipt this Period  
 400.00

Full Name (Last, First, Middle Initial)  
**B. Hans Roberts House**

Mailing Address 1 Lake Pointe Rd NE

City State Zip Code  
 Iowa City IA 52240-9105

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

Name of Employer Occupation  
 Physician Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 06 / 2015

**Transaction ID : AF13B54F98D2474390DB**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Hans Roberts House**

Mailing Address 1 Lake Pointe Rd NE

City State Zip Code  
 Iowa City IA 52240-9105

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

Name of Employer Occupation  
 Physician Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2015

**Transaction ID : E0F2526B85134FC7B913**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Hans Roberts House</b>		Date of Receipt
Mailing Address 1 Lake Pointe Rd NE		M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2015
City	State	Zip Code
Iowa City	IA	52240-9105
FEC ID number of contributing federal political committee.	Transaction ID : <b>20150612192310-15</b>	
	Amount of Each Receipt this Period	
	100.00	
Name of Employer	Occupation	
Physician	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	600.00	

Full Name (Last, First, Middle Initial) <b>B. Lisa Dianne Hrutkay</b>		Date of Receipt
Mailing Address 1464 Stoolfire Rd		M M M / D D D / Y Y Y Y Y Y 03 / 17 / 2015
City	State	Zip Code
Valley Grove	WV	26060-7934
FEC ID number of contributing federal political committee.	Transaction ID : <b>20150317A 17</b>	
	Amount of Each Receipt this Period	
	83.33	
Name of Employer	Occupation	
Emergency Medicine Physician Managemen	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	499.98	

Full Name (Last, First, Middle Initial) <b>C. Lisa Dianne Hrutkay</b>		Date of Receipt
Mailing Address 1464 Stoolfire Rd		M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2015
City	State	Zip Code
Valley Grove	WV	26060-7934
FEC ID number of contributing federal political committee.	Transaction ID : <b>46D3B9C4FAA6482A93E3</b>	
	Amount of Each Receipt this Period	
	83.33	
Name of Employer	Occupation	
Emergency Medicine Physician Managemen	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	499.98	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	266.66
<b>TOTAL</b> 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 107 OF 340
	<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**

**A. Lisa Dianne Hrutkay**  
Full Name (Last, First, Middle Initial)

Mailing Address 1464 Stoolfire Rd

City Valley Grove State WV Zip Code 26060-7934

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
05 / 19 / 2015  
**Transaction ID : 20150518183743-21**

Amount of Each Receipt this Period  
83.33

**B. Lisa Dianne Hrutkay**  
Full Name (Last, First, Middle Initial)

Mailing Address 1464 Stoolfire Rd

City Valley Grove State WV Zip Code 26060-7934

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
06 / 18 / 2015  
**Transaction ID : 20150619175314-112**

Amount of Each Receipt this Period  
83.33

**C. Daniel J Hull**  
Full Name (Last, First, Middle Initial)

Mailing Address 280 SE Summit Dr

City Roseburg State OR Zip Code 97470-4318

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

Name of Employer Mercy Medical Center Emergency Medicin Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 284.60

Date of Receipt  
06 / 24 / 2015  
**Transaction ID : 2015062910844-555**

Amount of Each Receipt this Period  
84.60

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 251.26

**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 108 OF 340
	<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**

**A. Raymond Iannaccone**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Oakwood Rd

City Allendale State NJ Zip Code 07401-2100

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

Name of Employer: Emergency Medical Associates New Jerse  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt: **03 / 12 / 2015**  
**Transaction ID : 4C43BD6C0CCE35E912CC**

Amount of Each Receipt this Period: **83.34**

**B. Raymond Iannaccone**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Oakwood Rd

City Allendale State NJ Zip Code 07401-2100

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

Name of Employer: Emergency Medical Associates New Jerse  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt: **04 / 12 / 2015**  
**Transaction ID : 43D89DBC939F2428E60**

Amount of Each Receipt this Period: **83.34**

**C. Raymond Iannaccone**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Oakwood Rd

City Allendale State NJ Zip Code 07401-2100

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

Name of Employer: Emergency Medical Associates New Jerse  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt: **05 / 12 / 2015**  
**Transaction ID : 44C5AE2B125575FB6EEF**

Amount of Each Receipt this Period: **83.34**

**SUBTOTAL** of Receipts This Page (optional)..... **250.02**

**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 109 OF 340
	<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**

**A. Raymond Iannaccone**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Oakwood Rd

City Allendale State NJ Zip Code 07401-2100

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

Name of Employer Emergency Medical Associates New Jerse Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 12 / 2015  
**Transaction ID : 4DD7A7FEC08AC944A55B**

Amount of Each Receipt this Period 83.34

**B. Frank Anthony Illuzzi**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 Sasco Hill Rd

City Fairfield State CT Zip Code 06824-5645

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2015  
**Transaction ID : 201506297551-55**

Amount of Each Receipt this Period 500.00

**C. Peter J Jacoby**  
Full Name (Last, First, Middle Initial)

Mailing Address 167 Sprain Brook Rd

City Woodbury State CT Zip Code 06798-1914

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

Name of Employer Franklin Medical Group Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 08 / 2015  
**Transaction ID : 4FD98616D95DFDF55FB**

Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3083.34

**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 110 OF 340
	<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**

**A. William Paul Jaquis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1216 S Bouldin St

City Baltimore State MD Zip Code 21224-5000

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

Name of Employer EmCare Headquarters Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 04 / 2015  
**Transaction ID : 1F922D8C608746F4BDE6**

Amount of Each Receipt this Period 90.00

**B. William Paul Jaquis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1216 S Bouldin St

City Baltimore State MD Zip Code 21224-5000

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

Name of Employer EmCare Headquarters Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 03 / 2015  
**Transaction ID : 4E49FAAAC26546B6B365**

Amount of Each Receipt this Period 90.00

**C. William Paul Jaquis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1216 S Bouldin St

City Baltimore State MD Zip Code 21224-5000

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

Name of Employer EmCare Headquarters Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 05 / 2015  
**Transaction ID : 11AB23AC5F974DF58665**

Amount of Each Receipt this Period 90.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 270.00

**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 111 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Andrew David Jenis</b>		Date of Receipt
Mailing Address 115 Cayuga Heights Rd		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City Ithaca State NY Zip Code 14850-2102		<b>Transaction ID : 20150317A_18</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer: Emergency Medicine Physician Managemen Occupation: Emergency Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="499.98"/>	

Full Name (Last, First, Middle Initial) <b>B. Andrew David Jenis</b>		Date of Receipt
Mailing Address 115 Cayuga Heights Rd		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City Ithaca State NY Zip Code 14850-2102		<b>Transaction ID : 70FAAFF228F42F094F2</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer: Emergency Medicine Physician Managemen Occupation: Emergency Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="499.98"/>	

Full Name (Last, First, Middle Initial) <b>C. Andrew David Jenis</b>		Date of Receipt
Mailing Address 115 Cayuga Heights Rd		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Ithaca State NY Zip Code 14850-2102		<b>Transaction ID : 20150518183743-22</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer: Emergency Medicine Physician Managemen Occupation: Emergency Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="499.98"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="249.99"/>
<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 112 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial)  
**A. Andrew David Jenis**

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 Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 18 / 2015**

**Transaction ID : 20150619175314-113**

Amount of Each Receipt this Period  
**83.33**

Full Name (Last, First, Middle Initial)  
**B. Milan Jockovich**

Mailing Address 460 Riggs Ave

City Melbourne Bch State FL Zip Code 32951-3221

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

Name of Employer Brevard Emergency Services Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 25 / 2015**

**Transaction ID : 73E502DFE56CAC48047**

Amount of Each Receipt this Period  
**1000.00**

Full Name (Last, First, Middle Initial)  
**C. David Peter John**

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 Northeast Emergency Medicine Specialis Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2015**

**Transaction ID : 4D8684F99AEACE4785B7**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1333.33</b>
<b>TOTAL</b> 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:	PAGE 113 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial) <b>A. Bruce G Jones</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2015 <b>Transaction ID : 20150619175314-114</b>
Mailing Address 465 Woodard Pl Doctors Hospital		Amount of Each Receipt this Period 100.00
City Powell	State OH	
Zip Code 43065-7448		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Medicine Physicians of Frank	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Robert J Jones</b>		Date of Receipt MM / DD / YYYY 05 / 03 / 2015 <b>Transaction ID : 20150508192310-74</b>
Mailing Address PSC 2 Box 10376		Amount of Each Receipt this Period 100.00
City APO	State AE	
Zip Code 09012-0104		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Physician	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Eric Wayne Jordan</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2015 <b>Transaction ID : EB9F4149411209E66DF</b>
Mailing Address 27 Regina Dr		Amount of Each Receipt this Period 365.00
City Hattiesburg	State MS	
Zip Code 39402-8378		Aggregate Year-to-Date ▼ 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer South Mississippi Emergency Physicians	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	565.00
<b>TOTAL</b> 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: PAGE 114 OF 340  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. Costas Andreas Kaiafas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1913 Vermont Ave  
City Toms River State NJ Zip Code 08755-1340  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Emergency Medical Associates New Jerse Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 25 / 2015  
**Transaction ID : 20150710125259-89**  
Amount of Each Receipt this Period 1000.00

**B. Amit S Kalaria**  
Full Name (Last, First, Middle Initial)  
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 MEP Health LLC Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 21 / 2015  
**Transaction ID : D6C5F503DB0C4E5ABDF8**  
Amount of Each Receipt this Period 100.00

**c. Amit S Kalaria**  
Full Name (Last, First, Middle Initial)  
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 MEP Health LLC Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2015  
**Transaction ID : 9156BC26E08A49DFA8E2**  
Amount of Each Receipt this Period 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 340
	<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**

**A. Amit S Kalaria**  
 Full Name (Last, First, Middle Initial)  
 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 MEP Health LLC Occupation 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  
 06 / 02 / 2015  
**Transaction ID : 086AC85E1A4B448B92E4**  
 Amount of Each Receipt this Period  
 100.00

**B. Achyut B Kamat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Everett Ave  
 City Providence State RI Zip Code 02906-3321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation 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  
 06 / 25 / 2015  
**Transaction ID : CD411435-42BB-4A83-**  
 Amount of Each Receipt this Period  
 500.00

**C. Achyut B Kamat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Everett Ave  
 City Providence State RI Zip Code 02906-3321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation 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  
 06 / 27 / 2015  
**Transaction ID : 118A5E9D-480A-4F72-**  
 Amount of Each Receipt this Period  
 700.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> 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:	PAGE 116 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Christopher S Kang**

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 Madigan Army Medical Center Faculty Occupation 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  
 04 / 23 / 2015

**Transaction ID : 9E7465A9-ACEE-4985-**

Amount of Each Receipt this Period  
1200.00

Full Name (Last, First, Middle Initial)  
**B. Julius (Jay) A Kaplan**

Mailing Address 300 Oak Ave

City San Anselmo State CA Zip Code 94960-2703

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

Name of Employer CEP America Occupation 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  
 06 / 01 / 2015

**Transaction ID : 4AE382E630A6D78DE1C2**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Gary R Katz**

Mailing Address 7918 Wisteria Ct

City Dublin State OH Zip Code 43016-8531

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : 4157BB3F0777F37B5FFD**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> 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 117 OF 340
	<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**

**A. Gary R Katz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7918 Wisteria Ct  
 City State Zip Code  
 Dublin OH 43016-8531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Physician Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2015  
**Transaction ID : 486CB7D0711F3CB0722C**  
 Amount of Each Receipt this Period  
 300.00

**B. Noah L Keller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10119 Easterday Ct  
 City State Zip Code  
 Hagerstown MD 21742-9791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MEP Health LLC Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : 3FE29D9DFC8D15B33D5**  
 Amount of Each Receipt this Period  
 1000.00

**C. Brian M Kelley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 635 Sundance Ln  
 Apt 105  
 City State Zip Code  
 Blacksburg VA 24060-1247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Physician Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 20150317A\_19**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1383.33
<b>TOTAL</b> 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: PAGE 118 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Brian M Kelley**

Mailing Address 635 Sundance Ln  
 Apt 105

City Blacksburg      State VA      Zip Code 24060-1247

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

Name of Employer Physician      Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 04 / 20 / 2015  
**Transaction ID : 539D6B45710841A890AF**

Amount of Each Receipt this Period  
 83.33

Full Name (Last, First, Middle Initial)  
**B. Brian M Kelley**

Mailing Address 635 Sundance Ln  
 Apt 105

City Blacksburg      State VA      Zip Code 24060-1247

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

Name of Employer Physician      Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 05 / 19 / 2015  
**Transaction ID : 20150518183743-24**

Amount of Each Receipt this Period  
 83.33

Full Name (Last, First, Middle Initial)  
**C. Brian M Kelley**

Mailing Address 635 Sundance Ln  
 Apt 105

City Blacksburg      State VA      Zip Code 24060-1247

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

Name of Employer Physician      Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 06 / 18 / 2015  
**Transaction ID : 20150619175314-115**

Amount of Each Receipt this Period  
 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 249.99

**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 119 OF 340
	<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**

**A. James Raymond Kennedye**  
Full Name (Last, First, Middle Initial)

Mailing Address 908 Fox Hill Dr

City Edmond State OK Zip Code 73034-7317

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
02 / 12 / 2015  
Transaction ID : 4039954FE297D897803D

Amount of Each Receipt this Period  
250.00

**B. James Raymond Kennedye**  
Full Name (Last, First, Middle Initial)

Mailing Address 908 Fox Hill Dr

City Edmond State OK Zip Code 73034-7317

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
05 / 12 / 2015  
Transaction ID : 4E3CB8DD78EE7FB48146

Amount of Each Receipt this Period  
250.00

**C. Kathleen Kerrigan**  
Full Name (Last, First, Middle Initial)

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 Baystate Medical Center Emergency Phys Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
06 / 29 / 2015  
Transaction ID : 38A1E42B-04D4-4549-

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 865.00

**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 120 OF 340
	<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**

**A. Eric Michael Ketcham**  
Full Name (Last, First, Middle Initial)

Mailing Address 228 W 35th St

City Farmington State NM Zip Code 87401-4047

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

Name of Employer: Medical Emergency Services Associates  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 04 / 23 / 2015  
**Transaction ID : AA3DCC2380B3190A181**

Amount of Each Receipt this Period: 600.00

**B. Rami R Khoury**  
Full Name (Last, First, Middle Initial)

Mailing Address 48575 Stoneridge Dr

City Northville State MI Zip Code 48168-8674

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

Name of Employer: Physician  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 05 / 01 / 2015  
**Transaction ID : F60B8795-5FE9-43EE-**

Amount of Each Receipt this Period: 1200.00

**C. Paul Daniel Kivela**  
Full Name (Last, First, Middle Initial)

Mailing Address 1370 Trancas St

City Napa State CA Zip Code 94558-2912

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

Name of Employer: Napa Valley Emergency Medical Group  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 02 / 12 / 2015  
**Transaction ID : 411984E4AEF44C7D5A50**

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2050.00

**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: PAGE 121 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Paul Daniel Kivela**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1370 Trancas St  
 City Napa State CA Zip Code 94558-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Napa Valley Emergency Medical Group Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 12 / 2015  
**Transaction ID : 49C88B552B0627FE1AE9**  
 Amount of Each Receipt this Period 300.00

**B. Scott Jason Korvek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Lees Ave  
 City Collingswood State NJ Zip Code 08108-1925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Albert Einstein Healthcare Emergency Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2015  
**Transaction ID : 4502B125142213131F3E**  
 Amount of Each Receipt this Period 250.00

**C. Scott Jason Korvek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Lees Ave  
 City Collingswood State NJ Zip Code 08108-1925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Albert Einstein Healthcare Emergency Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2015  
**Transaction ID : 45E183214384B33014E2**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 340
	<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**

**A. Terry Kowalenko**  
Full Name (Last, First, Middle Initial)

Mailing Address 4619 Oak Pointe Dr

City Brighton State MI Zip Code 48116-7728

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 03 / 07 / 2015  
**Transaction ID : FED897DAD0914CDE8494**

Amount of Each Receipt this Period 84.00

**B. Terry Kowalenko**  
Full Name (Last, First, Middle Initial)

Mailing Address 4619 Oak Pointe Dr

City Brighton State MI Zip Code 48116-7728

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 04 / 07 / 2015  
**Transaction ID : 5A2D15E147D24EC09DBD**

Amount of Each Receipt this Period 84.00

**C. Terry Kowalenko**  
Full Name (Last, First, Middle Initial)

Mailing Address 4619 Oak Pointe Dr

City Brighton State MI Zip Code 48116-7728

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 05 / 08 / 2015  
**Transaction ID : 61F44A5F31804067A8C0**

Amount of Each Receipt this Period 84.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 252.00

**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 123 OF 340
	<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**

**A. Terry Kowalenko**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4619 Oak Pointe Dr  
City Brighton State MI Zip Code 48116-7728  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Physician Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **504.00**

Date of Receipt **06 / 07 / 2015**  
**Transaction ID : E9FF8493EF324DE6AC3E**  
Amount of Each Receipt this Period **84.00**

**B. Mark S Kruger**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1209  
City Sanford State FL Zip Code 32772-1209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **04 / 27 / 2015**  
**Transaction ID : B8871D6DB8AC4A8B9AE1**  
Amount of Each Receipt this Period **1200.00**

**C. Joseph J Kuchinski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32 Woodland Ave  
City Mountain Lks State NJ Zip Code 07046-1421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Physician Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 17 / 2015**  
**Transaction ID : 20150317A\_20**  
Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1384.00**  
**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 124 OF 340
	<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**

**A. Joseph J Kuchinski**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Woodland Ave

City Mountain Lks State NJ Zip Code 07046-1421

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 20 / 2015**

**Transaction ID : 0A24E44B9E2A4DCF95F9**

Amount of Each Receipt this Period  
**100.00**

**B. Joseph J Kuchinski**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Woodland Ave

City Mountain Lks State NJ Zip Code 07046-1421

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 19 / 2015**

**Transaction ID : 20150518183743-25**

Amount of Each Receipt this Period  
**100.00**

**C. Joseph J Kuchinski**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Woodland Ave

City Mountain Lks State NJ Zip Code 07046-1421

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 18 / 2015**

**Transaction ID : 20150619175314-116**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> 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 125 OF 340
	<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**

**A. David Lancaster**  
Full Name (Last, First, Middle Initial)  
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 Physician Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 499.98

Date of Receipt 03 / 17 / 2015  
Transaction ID : 20150317A\_21  
Amount of Each Receipt this Period 83.33

**B. David Lancaster**  
Full Name (Last, First, Middle Initial)  
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 Physician Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 499.98

Date of Receipt 04 / 20 / 2015  
Transaction ID : BF28C9E6E8EC47BE8E33  
Amount of Each Receipt this Period 83.33

**C. David Lancaster**  
Full Name (Last, First, Middle Initial)  
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 Physician Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 499.98

Date of Receipt 05 / 19 / 2015  
Transaction ID : 20150518183743-26  
Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 249.99  
**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 126 OF 340
	<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**

**A. David Lancaster**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 18 / 2015  
**Transaction ID : 20150619175314-117**

Amount of Each Receipt this Period 83.33

**B. Linda L Lawrence**  
Full Name (Last, First, Middle Initial)

Mailing Address 6323 Wilmington Dr

City Burke State VA Zip Code 22015-4070

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 12 / 2015  
**Transaction ID : 84300D9C-2E69-4767-**

Amount of Each Receipt this Period 1200.00

**C. David L Leader Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 1937 Partridge Berry Dr

City Raleigh State NC Zip Code 27606-9695

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2015  
**Transaction ID : 19F394B0CCA24C90A0DC**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1333.33

**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 127 OF 340
	<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**

**A. David C Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 894 Plandome Rd  
 City Manhasset State NY Zip Code 11030-1302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Shore University Hospital Emerge Occupation 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  
 04 / 08 / 2015  
**Transaction ID : 4E14ECC1E10DCF5230B**  
 Amount of Each Receipt this Period  
 1200.00

**B. David Marshall Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12489 Shropshire Ln  
 City San Diego State CA Zip Code 92128-1015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 284.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2015  
**Transaction ID : 2015062910844-101**  
 Amount of Each Receipt this Period  
 84.60

**C. Alexis Lieser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 51  
 City Georgetown State CA Zip Code 95634-0051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation 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  
 06 / 10 / 2015  
**Transaction ID : 48F08FA19B05399AC438**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1384.60
<b>TOTAL</b> 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 128 OF 340
	<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**

**A. Richard J Limperos**  
Full Name (Last, First, Middle Initial)

Mailing Address 5087 Noor Park Cir

City Dublin State OH Zip Code 43016-7075

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

Name of Employer: Emergency Medicine Physicians of Frank  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **03 / 17 / 2015**  
**Transaction ID : 20150317A\_22**

Amount of Each Receipt this Period: **100.00**

**B. Richard J Limperos**  
Full Name (Last, First, Middle Initial)

Mailing Address 5087 Noor Park Cir

City Dublin State OH Zip Code 43016-7075

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

Name of Employer: Emergency Medicine Physicians of Frank  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **04 / 20 / 2015**  
**Transaction ID : A09080D53A2240828582**

Amount of Each Receipt this Period: **100.00**

**C. Richard J Limperos**  
Full Name (Last, First, Middle Initial)

Mailing Address 5087 Noor Park Cir

City Dublin State OH Zip Code 43016-7075

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

Name of Employer: Emergency Medicine Physicians of Frank  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **05 / 19 / 2015**  
**Transaction ID : 20150518183743-28**

Amount of Each Receipt this Period: **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 129 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. Richard J Limperos**  
Full Name (Last, First, Middle Initial)

Mailing Address 5087 Noor Park Cir

City Dublin State OH Zip Code 43016-7075

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

Name of Employer Emergency Medicine Physicians of Frank  
Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**06 / 18 / 2015**

**Transaction ID : 20150619175314-120**

Amount of Each Receipt this Period  
**100.00**

**B. Christopher M Lloyd**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physicians of Frank  
Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**03 / 17 / 2015**

**Transaction ID : 20150317A 24**

Amount of Each Receipt this Period  
**100.00**

**c. Christopher M Lloyd**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physicians of Frank  
Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**04 / 20 / 2015**

**Transaction ID : F210BA072B574F888FDE**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 340
	<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**

**A. Christopher M Lloyd**  
 Full Name (Last, First, Middle Initial)  
 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 Emergency Medicine Physicians of Frank Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **05 / 19 / 2015**  
**Transaction ID : 20150518183743-29**  
 Amount of Each Receipt this Period **100.00**

**B. Christopher M Lloyd**  
 Full Name (Last, First, Middle Initial)  
 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 Emergency Medicine Physicians of Frank Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 18 / 2015**  
**Transaction ID : 20150619175314-121**  
 Amount of Each Receipt this Period **100.00**

**C. Bruce M Lo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 249 W Freemason St Apt 306  
 City Norfolk State VA Zip Code 23510-1353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Physicians of Tidewater Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : 4A17ACAD2D899CEFC6A8**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Bruce M Lo</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2015 <b>Transaction ID : 4DDDAC115AB13B82EB53</b>
Mailing Address 249 W Freemason St Apt 306		Amount of Each Receipt this Period 50.00
City Norfolk	State VA	Zip Code 23510-1353
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Physicians of Tidewater	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Donald Lombino</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : 20150317A 25</b>
Mailing Address 111 Connecticut Ave Apt A		Amount of Each Receipt this Period 83.33
City Greenwich	State CT	Zip Code 06830-5710
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) <b>C. Donald Lombino</b>		Date of Receipt MM / DD / YYYY 04 / 20 / 2015 <b>Transaction ID : A155CC98A0D6407D86C5</b>
Mailing Address 111 Connecticut Ave Apt A		Amount of Each Receipt this Period 83.33
City Greenwich	State CT	Zip Code 06830-5710
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.66
<b>TOTAL</b> 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 132 OF 340
	<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**

**A. Donald Lombino**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Connecticut Ave  
Apt A

City Greenwich State CT Zip Code 06830-5710

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
05 / 19 / 2015  
**Transaction ID : 20150518183743-30**

Amount of Each Receipt this Period  
83.33

**B. Donald Lombino**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Connecticut Ave  
Apt A

City Greenwich State CT Zip Code 06830-5710

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
06 / 18 / 2015  
**Transaction ID : 20150619175314-122**

Amount of Each Receipt this Period  
83.33

**C. Jorge Lopez-Ferrer**  
Full Name (Last, First, Middle Initial)

Mailing Address 322 E Central Blvd  
Unit 2301

City Orlando State FL Zip Code 32801-4355

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

Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
04 / 27 / 2015  
**Transaction ID : E6608A73F40B4C57BEA0**

Amount of Each Receipt this Period  
1200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1366.66

**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 133 OF 340
	<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**

**A. Seth A Lotterman**  
 Full Name (Last, First, Middle Initial)  
 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 Fremont Emergency Medical Group Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : 463DAFC713BDBB5886EE**  
 Amount of Each Receipt this Period  
 300.00

**B. Seth A Lotterman**  
 Full Name (Last, First, Middle Initial)  
 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 Fremont Emergency Medical Group Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : 4EECB61CB3E9CA0285B0**  
 Amount of Each Receipt this Period  
 300.00

**C. Nathan Lowien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11114 Rosewood Ln  
 City Athens State OH Zip Code 45701-9001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : 2DF99FF30E6B43FFA285**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	965.00
<b>TOTAL</b> 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 134 OF 340
	<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**

**A. Michael Lozano**  
Full Name (Last, First, Middle Initial)

Mailing Address 4824 Longwater Way

City Tampa State FL Zip Code 33615-4216

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

Name of Employer EMCare South Division Occupation 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  
 05 / 08 / 2015

**Transaction ID : 0EDFAE7C322E25F75CB**

Amount of Each Receipt this Period  
 1200.00

**B. John Thomas Ludlow**  
Full Name (Last, First, Middle Initial)

Mailing Address 1441 Ardmore Ave

City Modesto State CA Zip Code 95350-4101

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

Name of Employer Physician Occupation 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 / 12 / 2015

**Transaction ID : 465EAD2737A6A8DD9497**

Amount of Each Receipt this Period  
 250.00

**C. John Thomas Ludlow**  
Full Name (Last, First, Middle Initial)

Mailing Address 1441 Ardmore Ave

City Modesto State CA Zip Code 95350-4101

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

Name of Employer Physician Occupation 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  
 05 / 12 / 2015

**Transaction ID : 4038ACA7D94788B37DC8**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<b>TOTAL</b> 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 135 OF 340
<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**

**A. Katia M Lugo Enriquez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 Starlight Ct  
 City Oviedo State FL Zip Code 32765-9692  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : F082B5ABC62F4E9F8EF8**  
 Amount of Each Receipt this Period  
 1200.00

**B. John L Lyman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8281 Rhine Way  
 City Dayton State OH Zip Code 45458-3013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premier Physician Services Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2015  
**Transaction ID : 3F3597F70B50480C9286**  
 Amount of Each Receipt this Period  
 50.00

**C. John L Lyman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8281 Rhine Way  
 City Dayton State OH Zip Code 45458-3013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premier Physician Services Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : 3CFFB6F02F734D59B2DB**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> 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 136 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Melissa Lynch**

Mailing Address 2327 Venndale Ave

City San Jose State CA Zip Code 95124-4930

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
284.60

Date of Receipt  
06 / 24 / 2015  
**Transaction ID : 2015062910844-328**

Amount of Each Receipt this Period  
84.60

Full Name (Last, First, Middle Initial)  
**B. Mark L Mackey**

Mailing Address 1225 W Lexington St

City Chicago State IL Zip Code 60607-4166

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
05 / 08 / 2015  
**Transaction ID : 36BAD780E568FC6013D**

Amount of Each Receipt this Period  
600.00

Full Name (Last, First, Middle Initial)  
**c. Merci G Madar**

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 Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
549.99

Date of Receipt  
03 / 17 / 2015  
**Transaction ID : 20150317A\_26**

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 767.93

**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 137 OF 340
	<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**

**A. Merci G Madar**  
Full Name (Last, First, Middle Initial)  
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 Emergency Medicine Physician Managemen Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 549.99

Date of Receipt 04 / 20 / 2015  
**Transaction ID : DA7E1938C0D64A488D1A**  
Amount of Each Receipt this Period 100.00

**B. Merci G Madar**  
Full Name (Last, First, Middle Initial)  
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 Emergency Medicine Physician Managemen Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 549.99

Date of Receipt 05 / 19 / 2015  
**Transaction ID : 20150518183743-31**  
Amount of Each Receipt this Period 100.00

**C. Merci G Madar**  
Full Name (Last, First, Middle Initial)  
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 Emergency Medicine Physician Managemen Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 549.99

Date of Receipt 06 / 18 / 2015  
**Transaction ID : 20150619175314-123**  
Amount of Each Receipt this Period 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Robert T Malinowski</b>		Date of Receipt
Mailing Address 660 Norborne Ave		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
Dearborn Hts	MI	48127-3707
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>FBD5E7AA-0CF1-4340-</b>
Medical Center Emergency Services	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	<input type="text" value="1200.00"/>

Full Name (Last, First, Middle Initial) <b>B. Kelly Manning</b>		Date of Receipt
Mailing Address 10525 Canyon Pl		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rapid City	SD	57702-7739
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>43B92B732E1648B949D</b>
Rapid City Emergency Services PA	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	<input type="text" value="1200.00"/>

Full Name (Last, First, Middle Initial) <b>C. Gary Gerard March</b>		Date of Receipt
Mailing Address 10643 Arbour Dr		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Brighton	MI	48114-9095
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>B73BAC427772FBFCA9A</b>
Independent Emergency Physicians, PC	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	<input type="text" value="300.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 139 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Catherine Anna Marco</b>		Date of Receipt MM / DD / YYYY 01 / 04 / 2015 <b>Transaction ID : 20150112_11</b>
Mailing Address 569 Calumet Pl		Amount of Each Receipt this Period 1000.00
City Beavercreek	State OH	Zip Code 45434-6287
FEC ID number of contributing federal political committee. C		
Name of Employer South Jersey Health System Emergency P	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Danna Michelle Markides</b>		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 <b>Transaction ID : 20150612192310-238</b>
Mailing Address 2120 Oxford St		Amount of Each Receipt this Period 100.00
City Houston	State TX	Zip Code 77008-2649
FEC ID number of contributing federal political committee. C		
Name of Employer Physician	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Kevin D Markowski</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 <b>Transaction ID : 20150317A_27</b>
Mailing Address 572 White Tail Ridge Dr		Amount of Each Receipt this Period 100.00
City Fairlawn	State OH	Zip Code 44333-3288
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> 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: PAGE 140 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Kevin D Markowski**  
 Full Name (Last, First, Middle Initial)  
 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 Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : C1EBA8AC1F084D8DA50A**  
 Amount of Each Receipt this Period  
 100.00

**B. Kevin D Markowski**  
 Full Name (Last, First, Middle Initial)  
 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 Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : 20150518183743-32**  
 Amount of Each Receipt this Period  
 100.00

**C. Kevin D Markowski**  
 Full Name (Last, First, Middle Initial)  
 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 Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 20150619175314-124**  
 Amount of Each Receipt this Period  
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Scott P Marquis**

Mailing Address 1407 E Rockwood Blvd

City Spokane	State WA	Zip Code 99203-3841
-----------------	-------------	------------------------

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

Name of Employer Physician	Occupation 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  
 06 / 05 / 2015  
**Transaction ID : 65CD0EB076EA556EE0F**

Amount of Each Receipt this Period  
1200.00

Full Name (Last, First, Middle Initial)  
**B. Heather Anne Marshall**

Mailing Address 2418 N 31st St

City Tacoma	State WA	Zip Code 98407-6402
----------------	-------------	------------------------

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

Name of Employer Tacoma Emergency Care Physicians	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2015  
**Transaction ID : 92C2CFC9-BC10-4A18-**

Amount of Each Receipt this Period  
600.00

Full Name (Last, First, Middle Initial)  
**C. Jaime Massucci**

Mailing Address 804 Mount Vernon St

City Orlando	State FL	Zip Code 32803-5308
-----------------	-------------	------------------------

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

Name of Employer Florida Emergency Physicians Kang & As	Occupation 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  
 04 / 27 / 2015  
**Transaction ID : 44A7F0DABF2C4219813A**

Amount of Each Receipt this Period  
1200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 142 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

**A. Angela F Mattke**  
 Full Name (Last, First, Middle Initial)  
 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 Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 25 / 2015  
**Transaction ID : 2015040384953-123**  
 Amount of Each Receipt this Period  
 100.00  
 Aggregate Year-to-Date  
 350.02

**B. Angela F Mattke**  
 Full Name (Last, First, Middle Initial)  
 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 Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 05 / 12 / 2015  
**Transaction ID : 47628C6A8B67DEF92C47**  
 Amount of Each Receipt this Period  
 83.34  
 Aggregate Year-to-Date  
 350.02

**C. Eric E Maur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6209 Dwayne Starnes Dr  
 City Hickory State NC Zip Code 28602-8959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 04 / 27 / 2015  
**Transaction ID : 84963AC0-AA03-4E22-**  
 Amount of Each Receipt this Period  
 600.00  
 Aggregate Year-to-Date  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	783.34
<b>TOTAL</b> 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 143 OF 340
	<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**

**A. Lisa J Maurer**  
Full Name (Last, First, Middle Initial)

Mailing Address 11901 W Hayes Ave

City West Allis State WI Zip Code 53227-1838

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
05 / 08 / 2015  
Transaction ID : **A4F5E8E0D42EC6F6009**

Amount of Each Receipt this Period  
600.00

**B. Rodney L McCaskill**  
Full Name (Last, First, Middle Initial)

Mailing Address 4124 Stansted Dr

City Fuquay Varina State NC Zip Code 27526-6831

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 11 / 2015  
Transaction ID : **C1B75968B2AD4F4191FC**

Amount of Each Receipt this Period  
50.00

**C. Joseph T McCaslin**  
Full Name (Last, First, Middle Initial)

Mailing Address 16402 Ridgemont St

City Omaha State NE Zip Code 68136-4020

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
04 / 20 / 2015  
Transaction ID : **E7F58E8337744BA1B342**

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 340
	<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**

**A. John McCourt**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **533.32**

Date of Receipt  
**03 / 17 / 2015**  
**Transaction ID : 20150317A\_28**

Amount of Each Receipt this Period  
**83.33**

**B. John McCourt**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **533.32**

Date of Receipt  
**04 / 20 / 2015**  
**Transaction ID : 790EF4EF5E154138A47C**

Amount of Each Receipt this Period  
**83.33**

**C. John McCourt**  
Full Name (Last, First, Middle Initial)

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 Emergency Medicine Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **533.32**

Date of Receipt  
**05 / 19 / 2015**  
**Transaction ID : 20150518183743-33**

Amount of Each Receipt this Period  
**100.00**

**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 145 OF 340
	<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**

**A. John McCourt**  
 Full Name (Last, First, Middle Initial)  
 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 Emergency Medicine Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 533.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 20150619175314-125**  
 Amount of Each Receipt this Period  
 100.00

**B. Michael McCrea**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2017 Lexington Dr  
 City Perrysburg State OH Zip Code 43551-5449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premier Physician Services Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 4442A4475101410C00FA**  
 Amount of Each Receipt this Period  
 83.34

**C. Michael McCrea**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2017 Lexington Dr  
 City Perrysburg State OH Zip Code 43551-5449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premier Physician Services Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2015  
**Transaction ID : 4F33B7DA4C4F4A0E7427**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	266.68
<b>TOTAL</b> 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 146 OF 340
	<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**

**A. Michael McCrea**  
Full Name (Last, First, Middle Initial)

Mailing Address 2017 Lexington Dr

City Perrysburg	State OH	Zip Code 43551-5449
--------------------	-------------	------------------------

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

Name of Employer Premier Physician Services	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : 4EFBAB69277E3F9775BB**

Amount of Each Receipt this Period  
83.34

**B. Michael McCrea**  
Full Name (Last, First, Middle Initial)

Mailing Address 2017 Lexington Dr

City Perrysburg	State OH	Zip Code 43551-5449
--------------------	-------------	------------------------

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

Name of Employer Premier Physician Services	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : 4C139D70F33DD085AE3E**

Amount of Each Receipt this Period  
83.34

**C. Robert McCurren IV**  
Full Name (Last, First, Middle Initial)

Mailing Address 1007 Arborview Blvd

City Ann Arbor	State MI	Zip Code 48103-3709
-------------------	-------------	------------------------

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

Name of Employer Emergency Physician Medical Group PC	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2015

**Transaction ID : 17246A5B9C64FCFE4B8**

Amount of Each Receipt this Period  
600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	766.68
<b>TOTAL</b> 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 147 OF 340
	<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**

**A. Edward McCutcheon**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **579.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 17 / 2015**

**Transaction ID : 20150317A\_29**

Amount of Each Receipt this Period  
**83.33**

**B. Edward McCutcheon**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **579.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 20 / 2015**

**Transaction ID : E6B716E73165450CA9F1**

Amount of Each Receipt this Period  
**110.00**

**C. Edward McCutcheon**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **579.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 19 / 2015**

**Transaction ID : 20150518183743-34**

Amount of Each Receipt this Period  
**110.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>303.33</b>
<b>TOTAL</b> 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 148 OF 340
	<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**

**A. Edward McCutcheon**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **579.99**

Date of Receipt **06 / 18 / 2015**

**Transaction ID : 20150619175314-126**

Amount of Each Receipt this Period **110.00**

**B. Matthew John McDevitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 S Gaylord St

City Denver State CO Zip Code 80209-4632

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

Name of Employer Care Point PC Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 14 / 2015**

**Transaction ID : DFF844CACD4940AEA6BF**

Amount of Each Receipt this Period **500.00**

**C. Cary Crane McDonald**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 Juniper Pl

City Chapel Hill State NC Zip Code 27514-9576

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 11 / 2015**

**Transaction ID : EAC8EE451F504090B27C**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **660.00**

**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 149 OF 340
	<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**

**A. Dennis Lucas McGill**  
 Full Name (Last, First, Middle Initial)  
 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 Emergency Medical Associates New Jerse Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015  
**Transaction ID : 4ECB9C9AF31863D85F91**  
 Amount of Each Receipt this Period  
**250.00**

**B. Dennis Lucas McGill**  
 Full Name (Last, First, Middle Initial)  
 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 Emergency Medical Associates New Jerse Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : 48E6881614115DE5F437**  
 Amount of Each Receipt this Period  
**250.00**

**C. Mark A McLean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Stonewater Blvd  
 City Franklin State TN Zip Code 37064-4890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015  
**Transaction ID : 20150710125259-99**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 340
	<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**

**A. Richard S McMonigal**  
Full Name (Last, First, Middle Initial)

Mailing Address 3610 45th St NE

City Tacoma State WA Zip Code 98422-2293

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

Name of Employer Cascade Emergency Physicians Incorpora Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015  
**Transaction ID : D9D2B97126D1194006A**

Amount of Each Receipt this Period  
600.00

**B. Howard K Mell**  
Full Name (Last, First, Middle Initial)

Mailing Address 10312 Glenmeade Rd

City Cornelius State NC Zip Code 28031-9023

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

Name of Employer Wake Forest University Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015  
**Transaction ID : A1EF971332BA75CD3A9**

Amount of Each Receipt this Period  
1200.00

**C. Christina Millhouse**  
Full Name (Last, First, Middle Initial)

Mailing Address 129 Longwood Green Ct

City Aiken State SC Zip Code 29803-2775

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

Name of Employer ApolloMD Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015  
**Transaction ID : 7AB30544EFF9D62C81C**

Amount of Each Receipt this Period  
1200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 340
	<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**

**A. David Scott Miner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2398 S Garfield St  
 City Denver State CO Zip Code 80210-5615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Service Phys, PC Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 26 / 2015**  
**Transaction ID : 2015050411131-53**  
 Amount of Each Receipt this Period **200.00**

**B. Swarup Misra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9667 Ashley Green Ct NW  
 City Concord State NC Zip Code 28027-7236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EMP Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 31 / 2015**  
**Transaction ID : 6C74EC99293542969AEE**  
 Amount of Each Receipt this Period **250.00**

**C. Thomas R Mitchell**  
 Full Name (Last, First, Middle Initial)  
 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 Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 26 / 2015**  
**Transaction ID : 18F90E55138E4E2FBDA6**  
 Amount of Each Receipt this Period **200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>650.00</b>
<b>TOTAL</b> 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 152 OF 340
	<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**

**A. Thomas R Mitchell**  
 Full Name (Last, First, Middle Initial)  
 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 Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 55C5383C252A4DF69FD0**  
 Amount of Each Receipt this Period  
 200.00  
 Aggregate Year-to-Date  
 1000.00

**B. Thomas R Mitchell**  
 Full Name (Last, First, Middle Initial)  
 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 Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : 22773BBBFF4E421FA4BF**  
 Amount of Each Receipt this Period  
 200.00  
 Aggregate Year-to-Date  
 1000.00

**C. Thomas R Mitchell**  
 Full Name (Last, First, Middle Initial)  
 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 Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 2015060313759-16**  
 Amount of Each Receipt this Period  
 200.00  
 Aggregate Year-to-Date  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 340
	<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**

**A. Craig B Mittleman**  
 Full Name (Last, First, Middle Initial)  
 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 MEP Health LLC Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : BC801001A8BE49C8BFF7**  
 Amount of Each Receipt this Period  
 90.00

**B. Craig B Mittleman**  
 Full Name (Last, First, Middle Initial)  
 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 MEP Health LLC Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2015  
**Transaction ID : F7CF2CF8260343B6BA14**  
 Amount of Each Receipt this Period  
 90.00

**C. Craig B Mittleman**  
 Full Name (Last, First, Middle Initial)  
 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 MEP Health LLC Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : 0518AA1FDC1942A69D78**  
 Amount of Each Receipt this Period  
 90.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> 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 154 OF 340
	<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**

**A. Craig B Mittleman**  
Full Name (Last, First, Middle Initial)

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 MEP Health LLC Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 02 / 2015**

**Transaction ID : CFD38197B2BB4A239B35**

Amount of Each Receipt this Period  
**90.00**

**B. Craig B Mittleman**  
Full Name (Last, First, Middle Initial)

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 MEP Health LLC Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : 050643352079420C9B4C**

Amount of Each Receipt this Period  
**90.00**

**C. Rupen Girish Modi**  
Full Name (Last, First, Middle Initial)

Mailing Address 5038 Pellingham Cir

City Enola State PA Zip Code 17025-1293

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 02 / 2015**

**Transaction ID : 20150612192310-181**

Amount of Each Receipt this Period  
**150.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **330.00**

**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 155 OF 340
	<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**

**A. Rupen Girish Modi**  
Full Name (Last, First, Middle Initial)

Mailing Address 5038 Pellingham Cir

City Enola State PA Zip Code 17025-1293

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.02

Date of Receipt  
06 / 02 / 2015  
**Transaction ID : 20150612192310-163**

Amount of Each Receipt this Period  
8.37

**B. Caroline Marie Molins**  
Full Name (Last, First, Middle Initial)

Mailing Address 2601 Middlesex Rd

City Orlando State FL Zip Code 32803-1321

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

Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
04 / 27 / 2015  
**Transaction ID : 3058938B184D4E24BFB5**

Amount of Each Receipt this Period  
1200.00

**C. Kevin Monfette**  
Full Name (Last, First, Middle Initial)

Mailing Address 2954 Island Point Dr

City Metamora State MI Zip Code 48455-9625

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
02 / 27 / 2015  
**Transaction ID : 1181F6F0094E47028BF1**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1458.37
<b>TOTAL</b> 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 156 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Kevin Monfette</b>		Date of Receipt
Mailing Address 2954 Island Point Dr		M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2015
City	State	Zip Code
Metamora	MI	48455-9625
FEC ID number of contributing federal political committee.		Transaction ID : <b>EB4D1809DC0E4F34A04D</b>
C		Amount of Each Receipt this Period
		300.00
Name of Employer	Occupation	
Physician	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	550.00	

Full Name (Last, First, Middle Initial) <b>B. James Montoya</b>		Date of Receipt
Mailing Address 3870 American River Dr		M M M / D D D / Y Y Y Y Y Y 06 / 24 / 2015
City	State	Zip Code
Sacramento	CA	95864-5903
FEC ID number of contributing federal political committee.		Transaction ID : <b>2015062910844-196</b>
C		Amount of Each Receipt this Period
		84.60
Name of Employer	Occupation	
California Emergency Physicians	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	284.60	

Full Name (Last, First, Middle Initial) <b>C. Karolyn K Moody</b>		Date of Receipt
Mailing Address 760 Boozy Creek Rd		M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2015
City	State	Zip Code
Blountville	TN	37617-6609
FEC ID number of contributing federal political committee.		Transaction ID : <b>498891FDB21428F1FCFC</b>
C		Amount of Each Receipt this Period
		83.34
Name of Employer	Occupation	
Emergency Consultants, Inc.	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	467.94
<b>TOTAL</b> 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:	PAGE 157 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**National Emergency Medicine Political Action Committee**

**A. Karolyn K Moody**  
Full Name (Last, First, Middle Initial)  
Mailing Address 760 Boozy Creek Rd  
City Blountville State TN Zip Code 37617-6609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Emergency Consultants, Inc. Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2015  
**Transaction ID : 43FA850058D9527EC2F8**  
Amount of Each Receipt this Period  
83.34

**B. Karolyn K Moody**  
Full Name (Last, First, Middle Initial)  
Mailing Address 760 Boozy Creek Rd  
City Blountville State TN Zip Code 37617-6609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Emergency Consultants, Inc. Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2015  
**Transaction ID : 44CDBC0735C78ADB8FA2**  
Amount of Each Receipt this Period  
83.34

**C. Karolyn K Moody**  
Full Name (Last, First, Middle Initial)  
Mailing Address 760 Boozy Creek Rd  
City Blountville State TN Zip Code 37617-6609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Emergency Consultants, Inc. Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2015  
**Transaction ID : 49B9AF799E521A8BEB6F**  
Amount of Each Receipt this Period  
83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<b>TOTAL</b> 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 158 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial)  
**A. John C Moorhead**

Mailing Address 4138 SW Hamilton Ter

City Portland	State OR	Zip Code 97239-4110
------------------	-------------	------------------------

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

Name of Employer Ohio State University Medical Group -	Occupation 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  
**06 / 10 / 2015**

**Transaction ID : 49A68A39DED9EF62B611**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Robert L Morris**

Mailing Address 2344 4 Mile Rd NE

City Grand Rapids	State MI	Zip Code 49525-2016
----------------------	-------------	------------------------

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

Name of Employer Certified Emergency Medical Specialist	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : 4C90DDAFA97E410584EE**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Joshua B Moskovitz**

Mailing Address 200 E 32nd St  
Apt 9D

City New York	State NY	Zip Code 10016-6530
------------------	-------------	------------------------

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

Name of Employer North Shore Forest Hills Emergency Phy	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : 4D52BCB9483DC855B9F6**

Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>433.34</b>
<b>TOTAL</b> 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 159 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Joshua B Moskowitz</b>		Date of Receipt
Mailing Address 200 E 32nd St Apt 9D		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
New York	NY	10016-6530
FEC ID number of contributing federal political committee.		<b>Transaction ID : 4CDEA812D1A9C7AD2D68</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
North Shore Forest Hills Emergency Phy	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.04"/>	

Full Name (Last, First, Middle Initial) <b>B. Joshua B Moskowitz</b>		Date of Receipt
Mailing Address 200 E 32nd St Apt 9D		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
New York	NY	10016-6530
FEC ID number of contributing federal political committee.		<b>Transaction ID : 441F8EDB5590566206D0</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
North Shore Forest Hills Emergency Phy	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.04"/>	

Full Name (Last, First, Middle Initial) <b>C. Joshua B Moskowitz</b>		Date of Receipt
Mailing Address 200 E 32nd St Apt 9D		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
New York	NY	10016-6530
FEC ID number of contributing federal political committee.		<b>Transaction ID : 4C51B2976195ED9B3B10</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
North Shore Forest Hills Emergency Phy	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.04"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="250.02"/>
<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 160 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Mark Alexander Muiznieks**

Mailing Address 831 River Run Rd

City Clarksville State TN Zip Code 37043

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

Name of Employer Emergency Services Network Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : 03751B8CC038E2D7E43**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Carla Elizabeth Murphy**

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 Emergency Service Phys, PC Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 4E3595BA1DB3BEB08B97**

Amount of Each Receipt this Period  
 83.34

Full Name (Last, First, Middle Initial)  
**c. Carla Elizabeth Murphy**

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 Emergency Service Phys, PC Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2015  
**Transaction ID : 4CDBB1E897536DFA1597**

Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 416.68

**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 161 OF 340
	<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**

**A. Carla Elizabeth Murphy**  
Full Name (Last, First, Middle Initial)

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 Emergency Service Phys, PC Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : 438184ECF541AC02025F**

Amount of Each Receipt this Period  
**83.34**

**B. Carla Elizabeth Murphy**  
Full Name (Last, First, Middle Initial)

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 Emergency Service Phys, PC Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 12 / 2015**

**Transaction ID : 4B339C9AFCE58F8583E5**

Amount of Each Receipt this Period  
**83.34**

**C. Todd Allen Nash**  
Full Name (Last, First, Middle Initial)

Mailing Address 7317 Vista Mountain Dr

City Austin State TX Zip Code 78731-1806

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

Name of Employer Emergency Service Partners Occupation 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  
**06 / 05 / 2015**

**Transaction ID : DBC4FC50435A73EF20F**

Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **466.68**

**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 162 OF 340
	<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**

**A. Steven Nazario**  
Full Name (Last, First, Middle Initial)

Mailing Address 7597 Saint Stephens Ct

City Orlando State FL Zip Code 32835-6526

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

Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 27 / 2015  
**Transaction ID : 3AF13737970D4D4E9ED3**

Amount of Each Receipt this Period 1200.00

**B. Susan Marie Nedza**  
Full Name (Last, First, Middle Initial)

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 Elmhurst Emergency Medical Services Lt Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : 43CE9B30970EB75CF7C3**

Amount of Each Receipt this Period 100.00

**C. Susan Marie Nedza**  
Full Name (Last, First, Middle Initial)

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 Elmhurst Emergency Medical Services Lt Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 12 / 2015  
**Transaction ID : 416C9DF287FCE501EB39**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00

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

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

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

FOR LINE NUMBER: PAGE 163 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Susan Marie Nedza**

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 Elmhurst Emergency Medical Services Lt Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : 483290339F4EB9FA3F89**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Susan Marie Nedza**

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 Elmhurst Emergency Medical Services Lt Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 12 / 2015**

**Transaction ID : 403BB5E8E733D3B79CB5**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Ira R Nemeth**

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 Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 12 / 2015**

**Transaction ID : 4A708A9BA31517D4E3B2**

Amount of Each Receipt this Period  
**125.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **325.00**

**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 164 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Ira R Nemeth**

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : 4E2A80FB69323550E731**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**B. Ira R Nemeth**

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 12 / 2015**

**Transaction ID : 4536AC5A13F04401B51D**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**C. Ira R Nemeth**

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : 4598A17326A664B74116**

Amount of Each Receipt this Period  
**125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</b>
<b>TOTAL</b> 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:	PAGE 165 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial)  
**A. Ira R Nemeth**

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 12 / 2015**

**Transaction ID : 417099B490BCB65FA660**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**B. Douglas Edward Newton**

Mailing Address 7320 N Canyon View PR NE

City Benton City State WA Zip Code 99320-9582

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : 5B945868FC5A02BFEC**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Constance Gail Nichols**

Mailing Address 8 Laurel St

City Paxton State MA Zip Code 01612-1238

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

Name of Employer UMass Memorial Emergency Medicine Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 17 / 2015**

**Transaction ID : 8968ADD82ADD6F87EC4**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **625.00**

**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:	PAGE 166 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. Patricia Nichols**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13401 Bellaria Cir  
City Windermere State FL Zip Code 34786-7403  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1200.00**

Date of Receipt **04 / 27 / 2015**  
**Transaction ID : 8BAE371364484AD8BDF7**  
Amount of Each Receipt this Period **1200.00**

**B. Charles Nizio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2815 Kings Forest Dr  
City Kingwood State TX Zip Code 77339-2450  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EmCare Headquarters Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1500.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : 46163DF6C29F4F60B845**  
Amount of Each Receipt this Period **1500.00**

**C. Brian Nobie**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9712 Lake Hugh Dr  
City Gotha State FL Zip Code 34734-4629  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1200.00**

Date of Receipt **04 / 27 / 2015**  
**Transaction ID : 08C2338AB89D4DE48870**  
Amount of Each Receipt this Period **1200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **3900.00**  
**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 167 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

**A. Jason T Nomura**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1014 Old Forge Rd  
 City New Castle State DE Zip Code 19720-5422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Doctors Emergency Services Delaware Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **04 / 28 / 2015**  
**Transaction ID : A37D893D-B6D3-439B-**  
 Amount of Each Receipt this Period **1200.00**

**B. Donald L Norris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2792 Alisop Pl Apt 205  
 City Troy State MI Zip Code 48084-3464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 18 / 2015**  
**Transaction ID : 20150619175314-127**  
 Amount of Each Receipt this Period **100.00**

**C. Jeffrey G Norvell**  
 Full Name (Last, First, Middle Initial)  
 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 Physician Services of Kansas Universit Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **01 / 25 / 2015**  
**Transaction ID : FA85D58A-178B-45E5-**  
 Amount of Each Receipt this Period **600.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1900.00</b>
<b>TOTAL</b> 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 168 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Andrew Sean Nugent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2261 Brown Deer Rd  
 City Coralville State IA Zip Code 52241-3346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 4877ACD4BB9409C1DA32**  
 Amount of Each Receipt this Period  
 100.00  
 Aggregate Year-to-Date ▼  
 600.00

**B. Andrew Sean Nugent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2261 Brown Deer Rd  
 City Coralville State IA Zip Code 52241-3346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2015  
**Transaction ID : 4F4DBE021E4BD91740EE**  
 Amount of Each Receipt this Period  
 100.00  
 Aggregate Year-to-Date ▼  
 600.00

**C. Andrew Sean Nugent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2261 Brown Deer Rd  
 City Coralville State IA Zip Code 52241-3346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : 409CA5A3845B7B451D2E**  
 Amount of Each Receipt this Period  
 100.00  
 Aggregate Year-to-Date ▼  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 169 OF 340
<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**

Full Name (Last, First, Middle Initial) <b>A. Andrew Sean Nugent</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2015
Mailing Address 2261 Brown Deer Rd		<b>Transaction ID : 4387BE2CC956F27CB2A4</b>
City Coralville	State IA	Zip Code 52241-3346
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Physician	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Ramon Nunez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2015
Mailing Address 7926 Saint Giles Pl		<b>Transaction ID : CB29F9CC4C1D4B63B3EA</b>
City Orlando	State FL	Zip Code 32835-7909
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1200.00	
Name of Employer Florida Emergency Physicians Kang & As	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>C. Ramon Nunez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 7926 Saint Giles Pl		<b>Transaction ID : 20150710151347-2</b>
City Orlando	State FL	Zip Code 32835-7909
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Florida Emergency Physicians Kang & As	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> 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 170 OF 340
	<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**

**A. Paul Blake O'Brien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2820 Lincroft Ave  
 City Orlando State FL Zip Code 32814-6765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **04 / 27 / 2015**  
**Transaction ID : 70F63BF8091543C0ACD7**  
 Amount of Each Receipt this Period **1200.00**

**B. Robert E O'Connor**  
 Full Name (Last, First, Middle Initial)  
 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 University of Virginia Physicians Grou Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 12 / 2015**  
**Transaction ID : 4BEE908FD705C82C2AB9**  
 Amount of Each Receipt this Period **250.00**

**C. Robert E O'Connor**  
 Full Name (Last, First, Middle Initial)  
 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 University of Virginia Physicians Grou Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : 4D7AB9D1AC7B90572164**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1700.00</b>
<b>TOTAL</b> 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: PAGE 171 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Kathleen T O'Donnell**  
 Mailing Address 434 Euclid Ter NE  
 City Atlanta State GA Zip Code 30307-2042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emory Department of Emergency Medicine Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : 5757E9E76CFC46059198**  
 Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Lisa Marie O'Grady**  
 Mailing Address 1320 Webster St  
 City Orlando State FL Zip Code 32804-2855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Emergency Physicians Kang & As Occupation 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  
 04 / 27 / 2015  
**Transaction ID : 75F57420F0E24EF995AB**  
 Amount of Each Receipt this Period  
 1200.00

Full Name (Last, First, Middle Initial)  
**C. Susan A O'Malley**  
 Mailing Address 6 Prospect Dr  
 City Brentwood State NY Zip Code 11717-2352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 20150317A\_30**  
 Amount of Each Receipt this Period  
 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1533.33  
**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 172 OF 340
	<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**

**A. Susan A O'Malley**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Prospect Dr

City State Zip Code  
Brentwood NY 11717-2352

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

Name of Employer Occupation  
Emergency Medicine Physicians Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 20 / 2015  
**Transaction ID : B288816BCF4941788F91**

Amount of Each Receipt this Period  
83.33

**B. Susan A O'Malley**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Prospect Dr

City State Zip Code  
Brentwood NY 11717-2352

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

Name of Employer Occupation  
Emergency Medicine Physicians Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2015  
**Transaction ID : 20150518183743-36**

Amount of Each Receipt this Period  
83.33

**C. Susan A O'Malley**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Prospect Dr

City State Zip Code  
Brentwood NY 11717-2352

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

Name of Employer Occupation  
Emergency Medicine Physicians Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 18 / 2015  
**Transaction ID : 20150619175314-128**

Amount of Each Receipt this Period  
83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 173 OF 340
	<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**

**A. Brian J O'Neil**  
Full Name (Last, First, Middle Initial)

Mailing Address 8187 Cotswold Ln

City Clarkston State MI Zip Code 48348-4365

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

Name of Employer Medical Center Emergency Services Occupation 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  
04 / 09 / 2015  
**Transaction ID : 1565681DBC35478B8B59**

Amount of Each Receipt this Period  
1200.00

**B. Elizabeth Oehler**  
Full Name (Last, First, Middle Initial)

Mailing Address 715 W Live Oak St

City Austin State TX Zip Code 78704-5007

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

Name of Employer Emergency Service Partners Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2015  
**Transaction ID : 9FDC103475070DAF77F**

Amount of Each Receipt this Period  
250.00

**C. Joanna M Olewicz**  
Full Name (Last, First, Middle Initial)

Mailing Address 850 Saint Clair St

City Grosse Pointe State MI Zip Code 48230-1247

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2015  
**Transaction ID : 6610DC9C9D4821C3CF0**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2450.00
<b>TOTAL</b> 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: PAGE 174 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael B Osmundson**

Mailing Address 62 East Dr

City State Zip Code  
 Hartville OH 44632-8890

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

Name of Employer Occupation  
 Physician Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 567.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 20150317A\_31**

Amount of Each Receipt this Period  
 83.33

Full Name (Last, First, Middle Initial)  
**B. Michael B Osmundson**

Mailing Address 62 East Dr

City State Zip Code  
 Hartville OH 44632-8890

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

Name of Employer Occupation  
 Physician Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 567.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : CF300D41788A46B19106**

Amount of Each Receipt this Period  
 106.00

Full Name (Last, First, Middle Initial)  
**C. Michael B Osmundson**

Mailing Address 62 East Dr

City State Zip Code  
 Hartville OH 44632-8890

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

Name of Employer Occupation  
 Physician Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 567.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : 20150518183743-37**

Amount of Each Receipt this Period  
 106.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 295.33

**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 175 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Michael B Osmundson**

Mailing Address 62 East Dr

City Hartville State OH Zip Code 44632-8890

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **567.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 18 / 2015**

**Transaction ID : 20150619175314-129**

Amount of Each Receipt this Period  
**106.00**

Full Name (Last, First, Middle Initial)  
**B. Jorge E Otero**

Mailing Address 22 Turtle Bay Dr

City Branford State CT Zip Code 06405-4970

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : 4928A0337C022221BEE7**

Amount of Each Receipt this Period  
**83.34**

Full Name (Last, First, Middle Initial)  
**c. Jorge E Otero**

Mailing Address 22 Turtle Bay Dr

City Branford State CT Zip Code 06405-4970

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 12 / 2015**

**Transaction ID : 49E39F9FF39A5F467B88**

Amount of Each Receipt this Period  
**83.34**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **272.68**

**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 176 OF 340
	<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**

**A. Jorge E Otero**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Turtle Bay Dr

City Branford State CT Zip Code 06405-4970

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
05 / 12 / 2015  
Transaction ID : 4EA89FD98ED9E8D0903F

Amount of Each Receipt this Period  
83.34

**B. Jorge E Otero**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Turtle Bay Dr

City Branford State CT Zip Code 06405-4970

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
06 / 12 / 2015  
Transaction ID : 4B0291EE529712A9113A

Amount of Each Receipt this Period  
83.34

**C. David C Packo**  
Full Name (Last, First, Middle Initial)

Mailing Address 4535 Dressler Rd NW

City Canton State OH Zip Code 44718-2545

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 18 / 2015  
Transaction ID : 20150619175314-130

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 266.68

**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 177 OF 340
	<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**

**A. Ernest Page II**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11030 Ullswater Ln  
City Windermere State FL Zip Code 34786-5411  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **04 / 27 / 2015**  
**Transaction ID : F8073C124227465FB531**  
Amount of Each Receipt this Period **1200.00**

**B. James F Palombaro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11500 Black Horse Run  
City Raleigh State NC Zip Code 27613-7003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 11 / 2015**  
**Transaction ID : AF4827CDE0844EA3AC81**  
Amount of Each Receipt this Period **50.00**

**C. Ketan Pandya**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13049 Water Point Blvd  
City Windermere State FL Zip Code 34786-5818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **04 / 27 / 2015**  
**Transaction ID : 89B939E5391B4A5081CA**  
Amount of Each Receipt this Period **1200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2450.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 178 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Diane Paratore**

Mailing Address 3960 Lincoln Rd

City State Zip Code  
 Bloomfld Hls MI 48301-3963

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

Name of Employer Occupation  
 Physician Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2015  
**Transaction ID : 20150710125259-49**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**B. Rebecca B Parker**

Mailing Address 423 Engel Blvd

City State Zip Code  
 Park Ridge IL 60068-4456

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

Name of Employer Occupation  
 Physician Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : AABE2F0467344672982E**

Amount of Each Receipt this Period  
 84.00

Full Name (Last, First, Middle Initial)  
**C. Rebecca B Parker**

Mailing Address 423 Engel Blvd

City State Zip Code  
 Park Ridge IL 60068-4456

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

Name of Employer Occupation  
 Physician Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : 07955FE7571C4862974F**

Amount of Each Receipt this Period  
 84.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 368.00

**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:	PAGE 179 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial)  
**A. Rebecca B Parker**

Mailing Address 423 Engel Blvd

City Park Ridge State IL Zip Code 60068-4456

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015

**Transaction ID : 7DC27D4E71C946BE8639**

Amount of Each Receipt this Period  
84.00

Full Name (Last, First, Middle Initial)  
**B. Swapnesh M Patel**

Mailing Address 314 Felspar Way

City Cary State NC Zip Code 27518-2201

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2015

**Transaction ID : E75A18D109B247C3853A**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Sanjay Pattani**

Mailing Address 13124 Bellaria Cir

City Windermere State FL Zip Code 34786-7401

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

Name of Employer Florida Emergency Physicians Kang & As Occupation 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  
 04 / 27 / 2015

**Transaction ID : 93357C8D6B7F4F759353**

Amount of Each Receipt this Period  
1200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1334.00
<b>TOTAL</b> 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 180 OF 340
	<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**

**A. Charles F Pattavina**  
Full Name (Last, First, Middle Initial)

Mailing Address 360 Broadway  
St Joseph Hosp

City Bangor State ME Zip Code 04401-3979

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

Name of Employer St Joseph Hospital Bangor Maine Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : 418BA4244E025F030F18**

Amount of Each Receipt this Period  
100.00

**B. Charles F Pattavina**  
Full Name (Last, First, Middle Initial)

Mailing Address 360 Broadway  
St Joseph Hosp

City Bangor State ME Zip Code 04401-3979

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

Name of Employer St Joseph Hospital Bangor Maine Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
04 / 12 / 2015  
**Transaction ID : 46BB986BE03441330DB3**

Amount of Each Receipt this Period  
100.00

**C. Charles F Pattavina**  
Full Name (Last, First, Middle Initial)

Mailing Address 360 Broadway  
St Joseph Hosp

City Bangor State ME Zip Code 04401-3979

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

Name of Employer St Joseph Hospital Bangor Maine Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
05 / 12 / 2015  
**Transaction ID : 46D583EC1BC9321CE160**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 181 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Charles F Pattavina</b>		Date of Receipt
Mailing Address 360 Broadway St Joseph Hosp		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City Bangor	State ME	Zip Code 04401-3979
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 49928AA24987D750E0EA</b>
Name of Employer St Joseph Hospital Bangor Maine		Amount of Each Receipt this Period
Occupation Emergency Physician		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Christine Mae Patton</b>		Date of Receipt
Mailing Address 111 Hibernia Dr		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City Harmony	State PA	Zip Code 16037-8519
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 5498BEBD042C4E6BA74D</b>
Name of Employer Butler Emergency Physicians		Amount of Each Receipt this Period
Occupation Emergency Physician		<input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Michael A Pawlowski</b>		Date of Receipt
Mailing Address 3902 Woodhollow Ct		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Sugar Land	State TX	Zip Code 77479-2839
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2F382D92-C52A-45AD-</b>
Name of Employer Schumacher Group		Amount of Each Receipt this Period
Occupation Emergency Physician		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="365.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="865.00"/>
<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 182 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Lee E Payne</b>		Date of Receipt
Mailing Address 1836 Yount Cir		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Jbsa Lackland	TX	78236-1007
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 4C4AA45A8C513096B483</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Physician	Emergency Physician	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.04"/>	

Full Name (Last, First, Middle Initial) <b>B. Lee E Payne</b>		Date of Receipt
Mailing Address 1836 Yount Cir		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Jbsa Lackland	TX	78236-1007
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 4F4FA57B2223EA4C01AE</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Physician	Emergency Physician	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.04"/>	

Full Name (Last, First, Middle Initial) <b>C. Lee E Payne</b>		Date of Receipt
Mailing Address 1836 Yount Cir		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Jbsa Lackland	TX	78236-1007
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 48E1A154717515B3CBF6</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Physician	Emergency Physician	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.04"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="250.02"/>
<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 183 OF 340
	<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**

**A. Lee E Payne**  
Full Name (Last, First, Middle Initial)

Mailing Address 1836 Yount Cir

City Jbsa Lackland State TX Zip Code 78236-1007

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
06 / 12 / 2015  
Transaction ID : **4E8FB910692DC50B23D0**

Amount of Each Receipt this Period  
83.34

**B. Daniel Eugene Peckenpaugh**  
Full Name (Last, First, Middle Initial)

Mailing Address 4107 Wood Creek Ct

City Colleyville State TX Zip Code 76034-4101

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
01 / 15 / 2015  
Transaction ID : **DCADEB1F-F7CC-4F39-**

Amount of Each Receipt this Period  
1200.00

**C. Vanessa C Peluso**  
Full Name (Last, First, Middle Initial)

Mailing Address 1768 Elizabeths Walk

City Winter Park State FL Zip Code 32789-5948

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

Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
04 / 27 / 2015  
Transaction ID : **339F4EED62354F7A8F3F**

Amount of Each Receipt this Period  
1200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2483.34

**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 184 OF 340
	<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**

**A. Debra G Perina**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Welsh Run Rd

City Ruckersville State VA Zip Code 22968-2737

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

Name of Employer University of Virginia Physicians Grou Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
05 / 08 / 2015  
**Transaction ID : 33BA4F2FDEA4E4F3DB6**

Amount of Each Receipt this Period  
1200.00

**B. Paul K Perry**  
Full Name (Last, First, Middle Initial)

Mailing Address 3401 N Wilder Rd

City Plant City State FL Zip Code 33565-2677

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

Name of Employer Winter Haven Hospital Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
06 / 17 / 2015  
**Transaction ID : 03E05DEB3D0995660B9**

Amount of Each Receipt this Period  
1200.00

**C. David J Pillow Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 5332 Wateka Dr

City Dallas State TX Zip Code 75209-5512

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
04 / 02 / 2015  
**Transaction ID : 1F90B3F1C3E6F36C2A4**

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

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



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

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

FOR LINE NUMBER: PAGE 185 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. David J Pillow Jr**

Mailing Address 5332 Wateka Dr

City State Zip Code  
 Dallas TX 75209-5512

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

Name of Employer Occupation  
 Physician Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : EAAF1985D866DA62DE5**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Jayson Scott Podber**

Mailing Address 221 Weaver St  
 Apt 19C

City State Zip Code  
 Greenwich CT 06831-4254

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

Name of Employer Occupation  
 Fairfield Emergency Physicians Incorpo Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 20150317A 33**

Amount of Each Receipt this Period  
 83.33

Full Name (Last, First, Middle Initial)  
**C. Jayson Scott Podber**

Mailing Address 221 Weaver St  
 Apt 19C

City State Zip Code  
 Greenwich CT 06831-4254

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

Name of Employer Occupation  
 Fairfield Emergency Physicians Incorpo Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : 8F52DC46BF6A4682A172**

Amount of Each Receipt this Period  
 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1166.66

**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 186 OF 340
	<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**

**A. Jayson Scott Podber**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 Weaver St  
Apt 19C

City Greenwich State CT Zip Code 06831-4254

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

Name of Employer Fairfield Emergency Physicians Incorpo Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
05 / 19 / 2015  
**Transaction ID : 20150518183743-39**

Amount of Each Receipt this Period  
83.33

**B. Jayson Scott Podber**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 Weaver St  
Apt 19C

City Greenwich State CT Zip Code 06831-4254

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

Name of Employer Fairfield Emergency Physicians Incorpo Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
06 / 18 / 2015  
**Transaction ID : 20150619175314-131**

Amount of Each Receipt this Period  
83.33

**C. David Portelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 Anthony Rd

City Barrington State RI Zip Code 02806-2258

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

Name of Employer University Emergency Medicine Foundati Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
05 / 06 / 2015  
**Transaction ID : 20150508192310-126**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 366.66

**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 187 OF 340
	<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**

**A. Jason A Porter**  
Full Name (Last, First, Middle Initial)

Mailing Address 511 E Gore St

City Orlando State FL Zip Code 32806-1336

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

Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 27 / 2015  
**Transaction ID : B83CCC34C01D4F7B4F7**

Amount of Each Receipt this Period 1200.00

**B. Matthew E Porter**  
Full Name (Last, First, Middle Initial)

Mailing Address 737 N Orange Cir

City Mesa State AZ Zip Code 85201-4827

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

Name of Employer Scottsdale Emergency Associates Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 05 / 2015  
**Transaction ID : 4FC7F2643C114CCDF45**

Amount of Each Receipt this Period 250.00

**C. James Leonard Portzer**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Grand Lake Cir

City Savannah State GA Zip Code 31405-8113

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

Name of Employer Georgia Emergency Associates Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2015  
**Transaction ID : 2015050411131-230**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Ericka Powell**

Mailing Address 384 Spring Haven Dr

City Lancaster State PA Zip Code 17601-5193

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt **03 / 12 / 2015**

**Transaction ID : 4010A1785AFA2B46D466**

Amount of Each Receipt this Period **83.34**

Full Name (Last, First, Middle Initial)  
**B. Ericka Powell**

Mailing Address 384 Spring Haven Dr

City Lancaster State PA Zip Code 17601-5193

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt **04 / 12 / 2015**

**Transaction ID : 4C0FA602A25874D1820B**

Amount of Each Receipt this Period **83.34**

Full Name (Last, First, Middle Initial)  
**C. Ericka Powell**

Mailing Address 384 Spring Haven Dr

City Lancaster State PA Zip Code 17601-5193

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt **05 / 12 / 2015**

**Transaction ID : 44F89B30836A67BFAD7E**

Amount of Each Receipt this Period **83.34**

**SUBTOTAL** of Receipts This Page (optional)..... **250.02**

**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 189 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Ericka Powell**

Mailing Address 384 Spring Haven Dr

City Lancaster State PA Zip Code 17601-5193

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
**06 / 12 / 2015**

**Transaction ID : 42038C60CAECF2009EA5**

Amount of Each Receipt this Period  
**83.34**

Full Name (Last, First, Middle Initial)  
**B. John T Powell**

Mailing Address 1 Deer Run Dr

City Greenville State DE Zip Code 19807-2403

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

Name of Employer Doctors Emergency Services Delaware Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**04 / 14 / 2015**

**Transaction ID : 344FA46934ED43A697FE**

Amount of Each Receipt this Period  
**600.00**

Full Name (Last, First, Middle Initial)  
**C. Sanjay K Premakumar**

Mailing Address 1406 Shepherd St

City Durham State NC Zip Code 27707-1649

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**06 / 11 / 2015**

**Transaction ID : 8511B26F9FC347B2935D**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>733.34</b>
<b>TOTAL</b> 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:	PAGE 190 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial) <b>A. John H Proctor</b>		Date of Receipt
Mailing Address 5004 Bentgrass Ct		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
Franklin	TN	37069-7254
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A330D587-2FD7-48D0-</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Physician	Emergency Physician	<input type="text" value="1200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Floriano Putigna</b>		Date of Receipt
Mailing Address 405 Macchi Ave		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Oakland	FL	34787-3059
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6E2CE9E6C464D47BB91</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Florida Emergency Physicians Kang & As	Emergency Physician	<input type="text" value="1200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Shawn M Quinn</b>		Date of Receipt
Mailing Address 1505 Camelot Dr		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
Allentown	PA	18103-9302
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 4F4C91D9674ACC0A8D43</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Lehigh Valley Physicians Group	Emergency Physician	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 191 OF 340
	<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**

**A. Russell D Radtke**  
Full Name (Last, First, Middle Initial)

Mailing Address 3917 W Swann Ave

City Tampa State FL Zip Code 33609-4432

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

Name of Employer Emergency Medical Associates of Tampa Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2015

**Transaction ID : 64B10F7D26B0A352DCD**

Amount of Each Receipt this Period  
 600.00

**B. Ali S Raja**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Old Meadow Rd

City Sudbury State MA Zip Code 01776-2725

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

Name of Employer Brigham & Women's Hospital Emergency P Occupation 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  
 06 / 30 / 2015

**Transaction ID : FEA9F3B8-E0C2-4787-**

Amount of Each Receipt this Period  
 1200.00

**C. Jennifer L Raley**  
Full Name (Last, First, Middle Initial)

Mailing Address 5408 Amsterdam PI

City Raleigh State NC Zip Code 27606-9708

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2015

**Transaction ID : D8D72EC9B5644E2389A5**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1850.00
<b>TOTAL</b> 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:	PAGE 192 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. R Lynn Rea**  
Full Name (Last, First, Middle Initial)  
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 Physician Occupation 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 / 13 / 2015  
**Transaction ID : 4CC28C50CAA96547D7FC**  
Amount of Each Receipt this Period  
250.00

**B. R Lynn Rea**  
Full Name (Last, First, Middle Initial)  
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 Physician Occupation 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  
05 / 13 / 2015  
**Transaction ID : 4655A4AD0E09DDB62187**  
Amount of Each Receipt this Period  
250.00

**C. Steven D Rea**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4214 Coyote Trl  
City Midland State TX Zip Code 79707-4013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Midland Emergency Management Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2015  
**Transaction ID : DCC2E60B7A18946BA4D**  
Amount of Each Receipt this Period  
1200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<b>TOTAL</b> 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 193 OF 340
	<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**

**A. William E Reisinger III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2624 Macnaughten St NW  
 City North Canton State OH Zip Code 44720-9545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pomerene Hospital Occupation 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  
 04 / 15 / 2015  
**Transaction ID : 20AB41D37EEB936F0E1**  
 Amount of Each Receipt this Period  
 1200.00

**B. Kathy Diana Reschke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 993744  
 City Redding State CA Zip Code 96099-3744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 284.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2015  
**Transaction ID : 2015062910844-262**  
 Amount of Each Receipt this Period  
 84.60

**C. Julio E Rios**  
 Full Name (Last, First, Middle Initial)  
 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 Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : BA84CC25121A44C1B9B2**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1384.60
<b>TOTAL</b> 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 194 OF 340
	<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**

**A. Julio E Rios**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
04 / 03 / 2015  
**Transaction ID : B12C7772E8354FD4B337**

Amount of Each Receipt this Period  
100.00

**B. Julio E Rios**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
05 / 03 / 2015  
**Transaction ID : B0A7319ADE7E4EBDA457**

Amount of Each Receipt this Period  
100.00

**C. Julio E Rios**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
06 / 03 / 2015  
**Transaction ID : 30CA64EB6EB54BC28BF0**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 195 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mark R Riser**

Mailing Address 229 W 60th St  
 Apt 23S

City New York State NY Zip Code 10023-7515

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 246.00

Date of Receipt  
 05 / 12 / 2015  
**Transaction ID : 47869B27133D98727163**

Amount of Each Receipt this Period  
 41.00

Full Name (Last, First, Middle Initial)  
**B. Mark R Riser**

Mailing Address 229 W 60th St  
 Apt 23S

City New York State NY Zip Code 10023-7515

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 246.00

Date of Receipt  
 06 / 12 / 2015  
**Transaction ID : 4DE188F166E4F0E6D8C9**

Amount of Each Receipt this Period  
 41.00

Full Name (Last, First, Middle Initial)  
**C. Megan Rishel**

Mailing Address 204 Montag Cir NE

City Atlanta State GA Zip Code 30307-5504

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 06 / 18 / 2015  
**Transaction ID : 20150619175314-132**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 102.00

**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 196 OF 340
	<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**

**A. Sam S Roberts**  
Full Name (Last, First, Middle Initial)

Mailing Address 3806 Bonnell Dr

City Austin State TX Zip Code 78731-5820

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

Name of Employer: Emergency Service Partners Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 17 / 2015  
**Transaction ID : 20150619175314-82**

Amount of Each Receipt this Period: 1000.00

**B. Richard Dean Robinson**  
Full Name (Last, First, Middle Initial)

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: Physician Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 12 / 2015  
**Transaction ID : 20150619175314-3**

Amount of Each Receipt this Period: 1000.00

**C. Maritza Rodriguez**  
Full Name (Last, First, Middle Initial)

Mailing Address 2336 Kettle Dr

City Orlando State FL Zip Code 32835-8129

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

Name of Employer: Florida Emergency Physicians Kang & As Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 04 / 27 / 2015  
**Transaction ID : 9F51882D072B43AEA069**

Amount of Each Receipt this Period: 1200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3200.00

**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: PAGE 197 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. John J Rogers**

Mailing Address 10673 Estes Rd

City Macon State GA Zip Code 31210-5135

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 06 / 2015**

**Transaction ID : 20150311\_47**

Amount of Each Receipt this Period  
**83.33**

Full Name (Last, First, Middle Initial)  
**B. John J Rogers**

Mailing Address 10673 Estes Rd

City Macon State GA Zip Code 31210-5135

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : 2015040384953-175**

Amount of Each Receipt this Period  
**83.33**

Full Name (Last, First, Middle Initial)  
**C. John J Rogers**

Mailing Address 10673 Estes Rd

City Macon State GA Zip Code 31210-5135

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 28 / 2015**

**Transaction ID : 2015050411131-177**

Amount of Each Receipt this Period  
**83.33**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **249.99**

**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: PAGE 198 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. John J Rogers**

Mailing Address 10673 Estes Rd

City Macon State GA Zip Code 31210-5135

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **06 / 01 / 2015**

**Transaction ID : 20150612192310-132**

Amount of Each Receipt this Period **83.33**

Full Name (Last, First, Middle Initial)  
**B. David H Rosenbaum**

Mailing Address 2112 Fallon Oaks Ct

City Raleigh State NC Zip Code 27608-1675

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 11 / 2015**

**Transaction ID : 340CACC263F24F86A527**

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)  
**c. Mark S Rosenberg**

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 Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **03 / 15 / 2015**

**Transaction ID : 4EC6B95FFBE64FFA6D5F**

Amount of Each Receipt this Period **300.00**

**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 199 OF 340
	<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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Mark S Rosenberg**

Mailing Address 38 N Ridge Rd

City State Zip Code  
Denville NJ 07834-9629

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

Name of Employer Occupation  
Physician Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**06 / 15 / 2015**

**Transaction ID : 407EBDBDA1538D0AE324**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**B. David William Ross**

Mailing Address 15340 Raton Rd

City State Zip Code  
Colorado Spgs CO 80921-2140

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

Name of Employer Occupation  
Physician Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**02 / 12 / 2015**

**Transaction ID : 4449BE8101B6B427F224**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. David William Ross**

Mailing Address 15340 Raton Rd

City State Zip Code  
Colorado Spgs CO 80921-2140

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

Name of Employer Occupation  
Physician Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**05 / 12 / 2015**

**Transaction ID : 4026B93D8345B4528F61**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 340
	<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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Scott Edward Rudkin</b>		Date of Receipt
Mailing Address 6731 E Boscana Ct		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Orange	CA	92867-6406
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 4E10905578A3430C100</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
University of California Irvine Emerge	Emergency Physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Laura A Russell</b>		Date of Receipt
Mailing Address 92-303 Kiowao Pl		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
Kapolei	HI	96707-2809
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 4022ED4916284492AF0D</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Physician	Emergency Physician	<input type="text" value="600.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Laura A Russell</b>		Date of Receipt
Mailing Address 92-303 Kiowao Pl		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City	State	Zip Code
Kapolei	HI	96707-2809
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2015060313759-105</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Physician	Emergency Physician	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="950.00"/>
<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 201 OF 340
	<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**

**A. Michael A Russell**  
Full Name (Last, First, Middle Initial)

Mailing Address 4571 N Banta Rd

City Bargersville	State IN	Zip Code 46106-8820
----------------------	-------------	------------------------

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

Name of Employer Emergency Physicians of Indianapolis	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015  
**Transaction ID : 153E6D0C9BE56AF2176**

Amount of Each Receipt this Period  
 250.00

**B. Tracy G Sanson**  
Full Name (Last, First, Middle Initial)

Mailing Address 812 Lorena Rd

City Lutz	State FL	Zip Code 33548-4589
--------------	-------------	------------------------

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

Name of Employer Team Health	Occupation Emergency Physician
---------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : 23BF287F61DC4A9EBADC**

Amount of Each Receipt this Period  
 84.00

**c. Tracy G Sanson**  
Full Name (Last, First, Middle Initial)

Mailing Address 812 Lorena Rd

City Lutz	State FL	Zip Code 33548-4589
--------------	-------------	------------------------

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

Name of Employer Team Health	Occupation Emergency Physician
---------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2015  
**Transaction ID : 033FA2DD5D52437D88AE**

Amount of Each Receipt this Period  
 84.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	418.00
<b>TOTAL</b> 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 202 OF 340
	<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**

**A. Tracy G Sanson**  
Full Name (Last, First, Middle Initial)

Mailing Address 812 Lorena Rd

City Lutz State FL Zip Code 33548-4589

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

Name of Employer Team Health Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
05 / 26 / 2015  
Transaction ID : **C293894574E746C592D4**

Amount of Each Receipt this Period  
84.00

**B. Marc Santambrosio**  
Full Name (Last, First, Middle Initial)

Mailing Address 7965 S Park Pl

City Orlando State FL Zip Code 32819-4885

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

Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
04 / 27 / 2015  
Transaction ID : **OCC6907F756A48E9A42C**

Amount of Each Receipt this Period  
1200.00

**C. David D Sarkarati**  
Full Name (Last, First, Middle Initial)

Mailing Address 1048 Howell Branch Rd

City Winter Park State FL Zip Code 32789-1004

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

Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
04 / 27 / 2015  
Transaction ID : **8362221A4EDA4999B796**

Amount of Each Receipt this Period  
1200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2484.00
<b>TOTAL</b> 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 203 OF 340
	<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**

**A. Luke Chris Saski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7573 Knoll Crest Dr  
 City W Bloomfield State MI Zip Code 48322-2650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2015  
**Transaction ID : 68C639AA-0744-44FE-**  
 Amount of Each Receipt this Period  
 1200.00  
 Aggregate Year-to-Date ▼  
 1200.00

**B. Lawrence J Satkowiak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2807 W Decatur Ave  
 City Fresno State CA Zip Code 93711-0356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 20150317A 35**  
 Amount of Each Receipt this Period  
 83.33  
 Aggregate Year-to-Date ▼  
 499.98

**C. Lawrence J Satkowiak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2807 W Decatur Ave  
 City Fresno State CA Zip Code 93711-0356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : 5014B5DCF08F4A4AAD69**  
 Amount of Each Receipt this Period  
 83.33  
 Aggregate Year-to-Date ▼  
 499.98

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1366.66
<b>TOTAL</b> 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 204 OF 340
	<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**

**A. Lawrence J Satkowiak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2807 W Decatur Ave  
 City Fresno State CA Zip Code 93711-0356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : 20150518183743-41**  
 Amount of Each Receipt this Period  
 83.33

**B. Lawrence J Satkowiak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2807 W Decatur Ave  
 City Fresno State CA Zip Code 93711-0356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 20150619175314-133**  
 Amount of Each Receipt this Period  
 83.33

**c. Christopher G Scharenbrock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2504 Cotswold Hill Dr  
 City Fairfield State CA Zip Code 94534-7112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2015  
**Transaction ID : A3E343B4-0B4E-4146-**  
 Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	766.66
<b>TOTAL</b> 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 205 OF 340
	<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**

**A. Leroy R Schlesselman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2280 Washington Dr  
 City Northbrook State IL Zip Code 60062-7803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2015  
**Transaction ID : 2015060313759-187**  
 Amount of Each Receipt this Period  
 400.00

**B. Nathaniel R Schlicher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4615 77th Ave NW  
 City Gig Harbor State WA Zip Code 98335-6532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 4570BFEF8BDB6C4338C8**  
 Amount of Each Receipt this Period  
 83.34

**C. Nathaniel R Schlicher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4615 77th Ave NW  
 City Gig Harbor State WA Zip Code 98335-6532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2015  
**Transaction ID : 423A90CDD1AE621193F1**  
 Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 566.68  
**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 206 OF 340
	<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**

**A. Nathaniel R Schlicher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4615 77th Ave NW  
 City Gig Harbor State WA Zip Code 98335-6532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.04**

Date of Receipt **05 / 12 / 2015**  
**Transaction ID : 4C069A6334DF13DC98F1**  
 Amount of Each Receipt this Period **83.34**

**B. Nathaniel R Schlicher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4615 77th Ave NW  
 City Gig Harbor State WA Zip Code 98335-6532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.04**

Date of Receipt **06 / 12 / 2015**  
**Transaction ID : 4166B6F571E36EBAC2BD**  
 Amount of Each Receipt this Period **83.34**

**C. David T Schwartz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 W 77th St # 2E  
 City New York State NY Zip Code 10024-5128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 10 / 2015**  
**Transaction ID : 25A86B30B684FB3D8A7**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>416.68</b>
<b>TOTAL</b> 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 207 OF 340
	<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**

**A. Regan Andre Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 2446 Westminster Ter

City Oviedo State FL Zip Code 32765-7503

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

Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 27 / 2015  
**Transaction ID : 4857C80092204464AE7B**

Amount of Each Receipt this Period  
1200.00

**B. Evan Schwarz**  
Full Name (Last, First, Middle Initial)

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 Washington University - Missouri Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 04 / 2015  
**Transaction ID : 3CED732A-0CC1-49E7-**

Amount of Each Receipt this Period  
600.00

**C. Christopher Ian Scott**  
Full Name (Last, First, Middle Initial)

Mailing Address 3524 Alabama St

City San Diego State CA Zip Code 92104-4004

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 15 / 2015  
**Transaction ID : 8F2EAF3DCD974FC9AF59**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2165.00
<b>TOTAL</b> 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:	PAGE 208 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial)  
**A. David L Scott**

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 Emergency Medicine Physician Managemen	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

**Transaction ID : 20150317A\_36**

Amount of Each Receipt this Period  
83.33

Full Name (Last, First, Middle Initial)  
**B. David L Scott**

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 Emergency Medicine Physician Managemen	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

**Transaction ID : 95A4460C10CD43CA9104**

Amount of Each Receipt this Period  
83.33

Full Name (Last, First, Middle Initial)  
**C. David L Scott**

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 Emergency Medicine Physician Managemen	Occupation Emergency Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2015

**Transaction ID : 20150518183743-42**

Amount of Each Receipt this Period  
83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 209 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. David L Scott**

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 Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **06 / 18 / 2015**

**Transaction ID : 20150619175314-134**

Amount of Each Receipt this Period **83.33**

Full Name (Last, First, Middle Initial)  
**B. William P Scruggs**

Mailing Address 1445 Akiiikii Pl

City Kailua State HI Zip Code 96734-4285

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

Name of Employer Hawaii Emergency Physicians Associates Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **03 / 02 / 2015**

**Transaction ID : DA56298D-9793-4E5E-**

Amount of Each Receipt this Period **1200.00**

Full Name (Last, First, Middle Initial)  
**c. David Charles Seaberg**

Mailing Address 9348 Royal Mountain Dr

City Chattanooga State TN Zip Code 37421-2067

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **03 / 14 / 2015**

**Transaction ID : 8A0BFAA9826D4835835F**

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1533.33**

**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 210 OF 340
	<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**

**A. David Charles Seaberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 9348 Royal Mountain Dr

City Chattanooga State TN Zip Code 37421-2067

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
05 / 09 / 2015  
**Transaction ID : 4757873989E56A5C8A73**

Amount of Each Receipt this Period  
300.00

**B. Victoria Hutto Selley**  
Full Name (Last, First, Middle Initial)

Mailing Address 204 Glenn Abby Dr

City Morehead City State NC Zip Code 28557-2578

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 549.99

Date of Receipt  
03 / 17 / 2015  
**Transaction ID : 20150317A 37**

Amount of Each Receipt this Period  
83.33

**C. Victoria Hutto Selley**  
Full Name (Last, First, Middle Initial)

Mailing Address 204 Glenn Abby Dr

City Morehead City State NC Zip Code 28557-2578

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 549.99

Date of Receipt  
04 / 20 / 2015  
**Transaction ID : 1B365CE81B8242C58D40**

Amount of Each Receipt this Period  
100.00

**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 211 OF 340
	<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**

**A. Victoria Hutto Selley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 Glenn Abby Dr  
 City Morehead City State NC Zip Code 28557-2578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 549.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : 20150518183743-43**  
 Amount of Each Receipt this Period  
 100.00

**B. Victoria Hutto Selley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 Glenn Abby Dr  
 City Morehead City State NC Zip Code 28557-2578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 549.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 20150619175314-135**  
 Amount of Each Receipt this Period  
 100.00

**C. Parin Shah**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9909 Marie Mdw  
 City San Antonio State TX Zip Code 78266-2343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer E Merge Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : 7DC854AAE99BCA6EE7B**  
 Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> 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 212 OF 340
	<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**

**A. Gregory L Shangold**  
 Full Name (Last, First, Middle Initial)  
 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 Northeast Emergency Medicine Specialis Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 23 / 2015**  
**Transaction ID : 42BD8C0C0A52375FFAAD**  
 Amount of Each Receipt this Period **300.00**

**B. Paul M Sheehan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4923 Elm St  
 City Bellaire State TX Zip Code 77401-2810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **05 / 01 / 2015**  
**Transaction ID : 20150508192310-44**  
 Amount of Each Receipt this Period **1200.00**

**C. William K Sheffield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5922 S 1000 E  
 City Ogden State UT Zip Code 84405-7200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EPIC, LLC Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 10 / 2015**  
**Transaction ID : BD3A9E2D4D9C2D69A44**  
 Amount of Each Receipt this Period **600.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2100.00**  
**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 213 OF 340
	<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**

**A. James Brent Sholar**  
Full Name (Last, First, Middle Initial)

Mailing Address 3740 Rocky Ridge Ct

City State Zip Code  
Hood River OR 97031-7738

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

Name of Employer Occupation  
Physician Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 23 / 2015  
**Transaction ID : 20150710151347-14**

Amount of Each Receipt this Period  
100.00

**B. Suzy Schneider Shukovsky**  
Full Name (Last, First, Middle Initial)

Mailing Address 41 Old Hwy

City State Zip Code  
Wilton CT 06897-3114

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

Name of Employer Occupation  
Emergency Medicine Physician Managemen Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
03 / 17 / 2015  
**Transaction ID : 20150317A 38**

Amount of Each Receipt this Period  
83.33

**C. Suzy Schneider Shukovsky**  
Full Name (Last, First, Middle Initial)

Mailing Address 41 Old Hwy

City State Zip Code  
Wilton CT 06897-3114

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

Name of Employer Occupation  
Emergency Medicine Physician Managemen Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
04 / 20 / 2015  
**Transaction ID : 1324DED4633645729D14**

Amount of Each Receipt this Period  
83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	266.66
<b>TOTAL</b> 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: PAGE 214 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Suzy Schneider Shukovsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Old Hwy  
 City Wilton State CT Zip Code 06897-3114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : 20150518183743-44**  
 Amount of Each Receipt this Period  
 83.33

**B. Suzy Schneider Shukovsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Old Hwy  
 City Wilton State CT Zip Code 06897-3114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 20150619175314-137**  
 Amount of Each Receipt this Period  
 83.33

**C. Weylin Sing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7860 Ficquette Rd  
 City Windermere State FL Zip Code 34786-6904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : 6821A6C1F44547079233**  
 Amount of Each Receipt this Period  
 1200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1366.66  
**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 215 OF 340
	<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**

**A. Deepika Singh**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Smethwick Ct

City Pittsford	State NY	Zip Code 14534-9789
-------------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

**Transaction ID : 20150317A\_39**

Amount of Each Receipt this Period  
83.33

**B. Deepika Singh**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Smethwick Ct

City Pittsford	State NY	Zip Code 14534-9789
-------------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

**Transaction ID : 8B5DBD2ADCF34C958E5E**

Amount of Each Receipt this Period  
83.33

**C. Deepika Singh**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Smethwick Ct

City Pittsford	State NY	Zip Code 14534-9789
-------------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2015

**Transaction ID : 20150518183743-45**

Amount of Each Receipt this Period  
83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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:	PAGE 216 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial)  
**A. Deepika Singh**

Mailing Address 15 Smethwick Ct

City Pittsford State NY Zip Code 14534-9789

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 18 / 2015**

**Transaction ID : 20150619175314-138**

Amount of Each Receipt this Period  
**83.33**

Full Name (Last, First, Middle Initial)  
**B. Siva Sivanesan**

Mailing Address 765 Bear Creek Cir

City Winter Spgs State FL Zip Code 32708-3892

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

Name of Employer Florida Emergency Physicians Kang & As Occupation 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  
**04 / 27 / 2015**

**Transaction ID : 6BBEE6B95EA9467B8776**

Amount of Each Receipt this Period  
**1200.00**

Full Name (Last, First, Middle Initial)  
**c. David P Sklar**

Mailing Address 1805 Newton PI NE

City Albuquerque State NM Zip Code 87106-2526

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

Name of Employer Physician Occupation 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  
**04 / 02 / 2015**

**Transaction ID : 70D58330713E43F1B146**

Amount of Each Receipt this Period  
**1200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2483.33</b>
<b>TOTAL</b> 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 217 OF 340
	<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**

**A. Mark Slabinski**  
Full Name (Last, First, Middle Initial)

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: Emergency Medicine Physician Managemen  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.33**

Date of Receipt: **03 / 17 / 2015**  
**Transaction ID : 20150317A\_40**

Amount of Each Receipt this Period: **100.00**

**B. Mark Slabinski**  
Full Name (Last, First, Middle Initial)

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: Emergency Medicine Physician Managemen  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.33**

Date of Receipt: **04 / 20 / 2015**  
**Transaction ID : 063FB032527747379618**

Amount of Each Receipt this Period: **100.00**

**C. Mark Slabinski**  
Full Name (Last, First, Middle Initial)

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: Emergency Medicine Physician Managemen  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.33**

Date of Receipt: **05 / 19 / 2015**  
**Transaction ID : 20150518183743-46**

Amount of Each Receipt this Period: **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> 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 218 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mark Slabinski</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2015 <b>Transaction ID : 20150619175314-140</b>
Mailing Address 3004 Edison St NW		Amount of Each Receipt this Period 100.00
City Uniontown	State OH	Zip Code 44685-7212
FEC ID number of contributing federal political committee. C	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.33	

Full Name (Last, First, Middle Initial) <b>B. Todd Slesinger</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2015 <b>Transaction ID : 463B8FDB30877E5439FC</b>
Mailing Address 427 Daub Ave		Amount of Each Receipt this Period 83.34
City Hewlett	State NY	Zip Code 11557-1136
FEC ID number of contributing federal political committee. C	Name of Employer Physician	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) <b>C. Todd Slesinger</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 <b>Transaction ID : 4BBE926081E090A5F201</b>
Mailing Address 427 Daub Ave		Amount of Each Receipt this Period 83.34
City Hewlett	State NY	Zip Code 11557-1136
FEC ID number of contributing federal political committee. C	Name of Employer Physician	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	266.68
<b>TOTAL</b> 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 219 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Todd Slesinger**

Mailing Address 427 Daub Ave

City State Zip Code  
Hewlett NY 11557-1136

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

Name of Employer Occupation  
Physician Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2015  
**Transaction ID : 47578FE492E9F7F75506**

Amount of Each Receipt this Period  
83.34

Full Name (Last, First, Middle Initial)  
**B. Todd Slesinger**

Mailing Address 427 Daub Ave

City State Zip Code  
Hewlett NY 11557-1136

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

Name of Employer Occupation  
Physician Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2015  
**Transaction ID : 42E9BBB1F1D310822829**

Amount of Each Receipt this Period  
83.34

Full Name (Last, First, Middle Initial)  
**C. Virgil W Smaltz**

Mailing Address 24 Bay View Ter

City State Zip Code  
Geneva NY 14456-9768

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

Name of Employer Occupation  
Emergency Medicine Physician Managemen Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
516.70

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 10 / 2015  
**Transaction ID : 9FAF241478F94CCAA5B3**

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.02

**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 220 OF 340
	<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**

**A. Virgil W Smaltz**  
Full Name (Last, First, Middle Initial)

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: Emergency Medicine Physician Managemen  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **516.70**

Date of Receipt: **04 / 10 / 2015**  
**Transaction ID : FE45B8AA2FA7434580FD**

Amount of Each Receipt this Period: **83.34**

**B. Virgil W Smaltz**  
Full Name (Last, First, Middle Initial)

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: Emergency Medicine Physician Managemen  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **516.70**

Date of Receipt: **05 / 09 / 2015**  
**Transaction ID : 4F2191D1A65ACD99761D**

Amount of Each Receipt this Period: **100.00**

**C. Virgil W Smaltz**  
Full Name (Last, First, Middle Initial)

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: Emergency Medicine Physician Managemen  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **516.70**

Date of Receipt: **05 / 10 / 2015**  
**Transaction ID : 24B3DFB36F19443D88FA**

Amount of Each Receipt this Period: **83.34**

**SUBTOTAL** of Receipts This Page (optional)..... **266.68**

**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 221 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Virgil W Smaltz</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2015 <b>Transaction ID : 404B6E232D2543E5822A</b>
Mailing Address 24 Bay View Ter		Amount of Each Receipt this Period -100.00
City Geneva	State NY	Zip Code 14456-9768
FEC ID number of contributing federal political committee. C	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 516.70	

Full Name (Last, First, Middle Initial) <b>B. Virgil W Smaltz</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : 4DE9A81D2A9A7D651020</b>
Mailing Address 24 Bay View Ter		Amount of Each Receipt this Period 100.00
City Geneva	State NY	Zip Code 14456-9768
FEC ID number of contributing federal political committee. C	Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 516.70	

Full Name (Last, First, Middle Initial) <b>C. Sullivan K Smith</b>		Date of Receipt MM / DD / YYYY 02 / 12 / 2015 <b>Transaction ID : 46BA93E98064014B688C</b>
Mailing Address 1 Medical Center Blvd		Amount of Each Receipt this Period 250.00
City Cookeville	State TN	Zip Code 38501-4294
FEC ID number of contributing federal political committee. C	Name of Employer Physician	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 222 OF 340
	<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**

**A. Sullivan K Smith**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**05 / 12 / 2015**

**Transaction ID : 475F843D2AEA150EFF24**

Amount of Each Receipt this Period  
**250.00**

**B. Daniel Snediker**  
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Browning Rd

City Pittsburgh State PA Zip Code 15206-1737

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **549.99**

Date of Receipt  
**03 / 17 / 2015**

**Transaction ID : 20150317A 46**

Amount of Each Receipt this Period  
**83.33**

**C. Daniel Snediker**  
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Browning Rd

City Pittsburgh State PA Zip Code 15206-1737

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **549.99**

Date of Receipt  
**04 / 20 / 2015**

**Transaction ID : 1772553FC90D4845A4C7**

Amount of Each Receipt this Period  
**100.00**

**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 223 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Daniel Snediker**

Mailing Address 1425 Browning Rd

City Pittsburgh State PA Zip Code 15206-1737

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **549.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 19 / 2015**

**Transaction ID : 20150518183743-53**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Daniel Snediker**

Mailing Address 1425 Browning Rd

City Pittsburgh State PA Zip Code 15206-1737

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

Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **549.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 18 / 2015**

**Transaction ID : 20150619175314-149**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Robert C Solomon**

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 12 / 2015**

**Transaction ID : 48CFBA23FCCF95A91A60**

Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>283.34</b>
<b>TOTAL</b> 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 224 OF 340
	<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**

**A. Robert C Solomon**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : 447BAA5E4470A780CA85**

Amount of Each Receipt this Period  
**83.34**

**B. Robert C Solomon**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 12 / 2015**

**Transaction ID : 41A89B2B175CB9BCCACC**

Amount of Each Receipt this Period  
**83.34**

**C. Steven Joseph Stack**  
Full Name (Last, First, Middle Initial)

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 Team Health Occupation 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 / 17 / 2015**

**Transaction ID : 40EE13AC-7AFC-4A7C-**

Amount of Each Receipt this Period  
**1200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1366.68</b>
<b>TOTAL</b> 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 225 OF 340
	<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**

**A. Ryan Stanton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 203 Deerfield Cir

City Nicholasville	State KY	Zip Code 40356-8038
-----------------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
529.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : 4E05BBE833E50BF5D9BF**

Amount of Each Receipt this Period  
83.34

**B. Ryan Stanton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 203 Deerfield Cir

City Nicholasville	State KY	Zip Code 40356-8038
-----------------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
529.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : 2015040384953-193**

Amount of Each Receipt this Period  
4.17

**C. Ryan Stanton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 203 Deerfield Cir

City Nicholasville	State KY	Zip Code 40356-8038
-----------------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
529.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2015

**Transaction ID : 47B6A376FB3328213F91**

Amount of Each Receipt this Period  
83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.85
<b>TOTAL</b> 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 226 OF 340
	<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**

**A. Ryan Stanton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 203 Deerfield Cir

City Nicholasville	State KY	Zip Code 40356-8038
-----------------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
529.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

**Transaction ID : 2015050411131-185**

Amount of Each Receipt this Period  
4.17

**B. Ryan Stanton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 203 Deerfield Cir

City Nicholasville	State KY	Zip Code 40356-8038
-----------------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
529.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

**Transaction ID : 4FA9A2BC9461A1248F55**

Amount of Each Receipt this Period  
83.34

**C. Ryan Stanton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 203 Deerfield Cir

City Nicholasville	State KY	Zip Code 40356-8038
-----------------------	-------------	------------------------

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

Name of Employer Physician	Occupation Emergency Physician
-------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
529.19

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

**Transaction ID : 20150612192310-141**

Amount of Each Receipt this Period  
4.13

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.64
<b>TOTAL</b> 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 227 OF 340
	<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**

**A. Ryan Stanton**  
Full Name (Last, First, Middle Initial)

Mailing Address 203 Deerfield Cir

City State Zip Code  
Nicholasville KY 40356-8038

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

Name of Employer Occupation  
Physician Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**529.19**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 12 / 2015**

**Transaction ID : 45CF99DD439A6BCA805D**

Amount of Each Receipt this Period  
**83.34**

**B. Ryan Stanton**  
Full Name (Last, First, Middle Initial)

Mailing Address 203 Deerfield Cir

City State Zip Code  
Nicholasville KY 40356-8038

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

Name of Employer Occupation  
Physician Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**529.19**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 25 / 2015**

**Transaction ID : 20150710125259-132**

Amount of Each Receipt this Period  
**4.17**

**C. Gary C Starr**  
Full Name (Last, First, Middle Initial)

Mailing Address 5012 Russell Ave S

City State Zip Code  
Minneapolis MN 55410-2209

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

Name of Employer Occupation  
Physician Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**283.34**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 09 / 2015**

**Transaction ID : 4FA58A384B07AB3B4EA4**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>187.51</b>
<b>TOTAL</b> 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 228 OF 340
	<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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Sandra L Steffenson**

Mailing Address 4 Valley High

City Lafayette State CA Zip Code 94549-2418

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **284.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 24 / 2015**

**Transaction ID : 2015062910844-415**

Amount of Each Receipt this Period  
**84.60**

Full Name (Last, First, Middle Initial)  
**B. John James Stroh Jr**

Mailing Address 2802 Cascade Springs Ct

City Manvel State TX Zip Code 77578-4885

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

Name of Employer Medical Center Emergency Physicians Occupation 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  
**06 / 10 / 2015**

**Transaction ID : 40A1027332126821C55**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**C. Geeta Subramaniam**

Mailing Address 106 Lendl Ct

City Cary State NC Zip Code 27511-6694

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

Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 11 / 2015**

**Transaction ID : 839F7A731B9A4DB1BD55**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>434.60</b>
<b>TOTAL</b> 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 229 OF 340
	<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**

**A. Thomas Jerome Sugarman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1115 Miller Ave

City Berkeley State CA Zip Code 94708-1726

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

Name of Employer CEP America Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 284.60

Date of Receipt 06 / 24 / 2015  
**Transaction ID : 2015062910844-457**

Amount of Each Receipt this Period 84.60

**B. Robert Eduard Suter**  
Full Name (Last, First, Middle Initial)

Mailing Address 5926 Saint Marks Cir

City Dallas State TX Zip Code 75230-4048

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

Name of Employer Texas Emergency Physicians PA Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 05 / 11 / 2015  
**Transaction ID : 1BE3D3A4965146C999B9**

Amount of Each Receipt this Period 1200.00

**C. Brian Sutton**  
Full Name (Last, First, Middle Initial)

Mailing Address 47 Stephanie Ln

City Westfield State MA Zip Code 01085-1484

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

Name of Employer Westfield Emergency Physicians Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : 4955A6008C674DAD602A**

Amount of Each Receipt this Period 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1384.60
<b>TOTAL</b> 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 230 OF 340
	<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**

**A. Brian Sutton**  
Full Name (Last, First, Middle Initial)

Mailing Address 47 Stephanie Ln

City Westfield State MA Zip Code 01085-1484

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

Name of Employer Westfield Emergency Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 12 / 2015**

**Transaction ID : 4C96B66F6F3342A3AFF8**

Amount of Each Receipt this Period  
**100.00**

**B. Brian Sutton**  
Full Name (Last, First, Middle Initial)

Mailing Address 47 Stephanie Ln

City Westfield State MA Zip Code 01085-1484

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

Name of Employer Westfield Emergency Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2015**

**Transaction ID : 41ECA497A20A0351944A**

Amount of Each Receipt this Period  
**100.00**

**C. Brian Sutton**  
Full Name (Last, First, Middle Initial)

Mailing Address 47 Stephanie Ln

City Westfield State MA Zip Code 01085-1484

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

Name of Employer Westfield Emergency Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 12 / 2015**

**Transaction ID : 4943AAE1ED4FF487CE08**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

**A. Timothy Scott Talbot**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 Pegasus Dr NW  
 City Huntsville State AL Zip Code 35806-5009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation 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  
 06 / 19 / 2015  
**Transaction ID : 3182F8FE35F2C7BB1FE**  
 Amount of Each Receipt this Period  
 1200.00

**B. Stefan Teitge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1391 San Marcos Ct  
 City Sn Luis Obisp State CA Zip Code 93401-5336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 284.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2015  
**Transaction ID : 2015062910844-430**  
 Amount of Each Receipt this Period  
 84.60

**C. Fred Foster Tilden**  
 Full Name (Last, First, Middle Initial)  
 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 Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : 42AAA78509608E1DFDB4**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1534.60
<b>TOTAL</b> 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 232 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Alfredo Tirado-Gonzalez</b>		Date of Receipt
Mailing Address 4432 Twinview Ln		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Orlando	FL	32814-6055
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C65574360D414DA58C39</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Florida Emergency Physicians Kang & As	Emergency Physician	<input type="text" value="1200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Kevin James Torres</b>		Date of Receipt
Mailing Address 52 High Ridge Dr		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
Pawcatuck	CT	06379-1237
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150317A 41</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Emergency Medicine Physician Managemen	Emergency Physician	<input type="text" value="83.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="499.98"/>	

Full Name (Last, First, Middle Initial) <b>C. Kevin James Torres</b>		Date of Receipt
Mailing Address 52 High Ridge Dr		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
Pawcatuck	CT	06379-1237
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 552AD03207D144BD91CF</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Emergency Medicine Physician Managemen	Emergency Physician	<input type="text" value="83.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="499.98"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1366.66"/>
<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 233 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Kevin James Torres**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 High Ridge Dr  
 City Pawcatuck State CT Zip Code 06379-1237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : 20150518183743-48**  
 Amount of Each Receipt this Period  
 83.33

**B. Kevin James Torres**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 High Ridge Dr  
 City Pawcatuck State CT Zip Code 06379-1237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emergency Medicine Physician Managemen Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 20150619175314-143**  
 Amount of Each Receipt this Period  
 83.33

**C. Louis P Tran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1581 Tustin Ave  
 City Costa Mesa State CA Zip Code 92627-3264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2015  
**Transaction ID : 2015062910844-295**  
 Amount of Each Receipt this Period  
 84.60

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 251.26  
**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 234 OF 340
	<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**

**A. Kevin Lawrence Trappe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10635 Bear Path Ct  
 City Noblesville State IN Zip Code 46060-1275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Associates LLP Occupation 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  
 05 / 05 / 2015  
**Transaction ID : 20150508192310-104**  
 Amount of Each Receipt this Period  
 100.00

**B. Gerad A Troutman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7808 London Ct  
 City Amarillo State TX Zip Code 79119-4998  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation 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  
 06 / 25 / 2015  
**Transaction ID : 20150710125259-155**  
 Amount of Each Receipt this Period  
 500.00

**C. Jeremy David Tucker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23959 Meredith Ct  
 City Hollywood State MD Zip Code 20636-2172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEP Health LLC Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2015  
**Transaction ID : AAE43104-75D1-4C3C-**  
 Amount of Each Receipt this Period  
 1600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2200.00
<b>TOTAL</b> 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 235 OF 340
	<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**

**A. Joseph Adrian Tyndall**  
Full Name (Last, First, Middle Initial)

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 Occupation  
UF Department of Emergency Medicine Gr Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : 482DB953D4991FD8637B**

Amount of Each Receipt this Period  
83.34

**B. Joseph Adrian Tyndall**  
Full Name (Last, First, Middle Initial)

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 Occupation  
UF Department of Emergency Medicine Gr Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
04 / 12 / 2015  
**Transaction ID : 40118FEA572854808847**

Amount of Each Receipt this Period  
83.34

**C. Joseph Adrian Tyndall**  
Full Name (Last, First, Middle Initial)

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 Occupation  
UF Department of Emergency Medicine Gr Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
05 / 12 / 2015  
**Transaction ID : 420DA76A5A97B33CA20C**

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.02

**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 236 OF 340
	<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**

**A. Joseph Adrian Tyndall**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 UF Department of Emergency Medicine Gr Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2015  
**Transaction ID : 486FACEDE97DFC16045F**  
 Amount of Each Receipt this Period  
 83.34

**B. Dennis T Uehara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5092 Crofton Dr  
 City Rockford State IL Zip Code 61114-5422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Physician Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : B84811AD1ABD68EC8DB**  
 Amount of Each Receipt this Period  
 250.00

**C. Travis Ulmer**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Emergency Medicine Physician Managemen Emergency Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 20150317A\_42**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 433.34  
**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 237 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Travis Ulmer</b>		Date of Receipt
Mailing Address 1240 Broadview Ave		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
Columbus	OH	43212-3344
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : F33FBCD57CC94F6589C6</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Emergency Medicine Physician Managemen	Emergency Physician	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Travis Ulmer</b>		Date of Receipt
Mailing Address 1240 Broadview Ave		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
Columbus	OH	43212-3344
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150518183743-49</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Emergency Medicine Physician Managemen	Emergency Physician	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Travis Ulmer</b>		Date of Receipt
Mailing Address 1240 Broadview Ave		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
Columbus	OH	43212-3344
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150619175314-145</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Emergency Medicine Physician Managemen	Emergency Physician	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<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 238 OF 340
	<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**

**A. Vincent G Valente**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2220 Via Tuscany  
 City Winter Park State FL Zip Code 32789-1239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Emergency Physicians Kang & As Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **04 / 27 / 2015**  
**Transaction ID : 88194D1A67AA4B839FA4**  
 Amount of Each Receipt this Period **1200.00**

**B. Jeff Van Bendegom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 914 Winding Way  
 City Middleton State WI Zip Code 53562-5072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 25 / 2015**  
**Transaction ID : 681D59FA5B2256971A6**  
 Amount of Each Receipt this Period **600.00**

**C. David E Van Ryn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51192 Stratford Dr  
 City Elkhart State IN Zip Code 46514-9110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Elkhart Emergency Physicians, Inc. Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 29 / 2015**  
**Transaction ID : 44583955B3ACA42F8D1**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2050.00**  
**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 239 OF 340
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Arjun K Venkatesh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 754 Orange St  
 Apt 4  
 City New Haven State CT Zip Code 06511-2546  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2015  
**Transaction ID : 0A8D957CDFB0066B6F5**  
 Amount of Each Receipt this Period  
 365.00

**B. Arjun K Venkatesh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 754 Orange St  
 Apt 4  
 City New Haven State CT Zip Code 06511-2546  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2015  
**Transaction ID : 20150612192310-284**  
 Amount of Each Receipt this Period  
 100.00

**C. Richard J Wadas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1003 Amy Pl  
 City Gibsonia State PA Zip Code 15044-8074  
 Name of Employer Emergency Resource Management Incorpor Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2015  
**Transaction ID : 3205919A-139E-4D72-**  
 Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1065.00
<b>TOTAL</b> 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 240 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Mary Jo Wagner**

Mailing Address 5425 Nottingham Dr N

City State Zip Code  
Saginaw MI 48603-2821

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

Name of Employer Occupation  
Covenant Health Care 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  
05 / 09 / 2015  
**Transaction ID : 4D11AE53F49183A6D5C5**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. Bradford L Walters**

Mailing Address 6033 Orchard Woods Dr

City State Zip Code  
W Bloomfield MI 48324-3281

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

Name of Employer Occupation  
Physician Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2015  
**Transaction ID : 5E88E347F877ABE848A**

Amount of Each Receipt this Period  
1200.00

Full Name (Last, First, Middle Initial)  
**C. David Todd Walters**

Mailing Address 3407 Oyster Bay Ave

City State Zip Code  
Davis CA 95616-5603

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

Name of Employer Occupation  
Emergency Medicine Physicians Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
284.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 24 / 2015  
**Transaction ID : 2015062910844-107**

Amount of Each Receipt this Period  
84.60

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1584.60
<b>TOTAL</b> 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 241 OF 340
	<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**

**A. Richard C Walz III**  
Full Name (Last, First, Middle Initial)

Mailing Address 15240 Dunrobin Dr

City Noblesville State IN Zip Code 46062-7702

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

Name of Employer Saint Vincent Emergency Physicians Inc Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 05 / 2015  
Transaction ID : C2BE945D908306CE921

Amount of Each Receipt this Period  
300.00

**B. Neil Wang**  
Full Name (Last, First, Middle Initial)

Mailing Address 255 N Sierra St Unit 1112

City Reno State NV Zip Code 89501-1368

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
06 / 26 / 2015  
Transaction ID : 20150710125259-195

Amount of Each Receipt this Period  
750.00

**C. Nathan P Watkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 7505 Olive Glen Ct

City Granite Bay State CA Zip Code 95746-9113

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

Name of Employer Kaiser Permanente Southern Sacramento Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
06 / 10 / 2015  
Transaction ID : C0160CA75F3621084BE

Amount of Each Receipt this Period  
1200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 340
	<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**

**A. Bradley Alan Watling**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 583.33

Date of Receipt  
03 / 17 / 2015  
**Transaction ID : 20150317A\_43**

Amount of Each Receipt this Period  
100.00

**B. Bradley Alan Watling**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 583.33

Date of Receipt  
04 / 20 / 2015  
**Transaction ID : B287959442B846BB9662**

Amount of Each Receipt this Period  
100.00

**C. Bradley Alan Watling**  
Full Name (Last, First, Middle Initial)

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 Physician Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 583.33

Date of Receipt  
05 / 19 / 2015  
**Transaction ID : 20150518183743-50**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Bradley Alan Watling**

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 Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.33**

Date of Receipt  
**06 / 18 / 2015**

**Transaction ID : 20150619175314-146**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Michael L Weaver**

Mailing Address 4505 Headwood Dr Apt 1

City Kansas City State MO Zip Code 64111-3439

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

Name of Employer Metropolitan Emergency Physicians LLC Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**06 / 12 / 2015**

**Transaction ID : 0624A427C3F19DF24BC**

Amount of Each Receipt this Period  
**600.00**

Full Name (Last, First, Middle Initial)  
**C. L Kendall Webb**

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 University of Florida Jacksonville Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
**03 / 14 / 2015**

**Transaction ID : 4CF4A81572B389977193**

Amount of Each Receipt this Period  
**83.34**

**SUBTOTAL** of Receipts This Page (optional)..... **783.34**

**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: PAGE 244 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. L Kendall Webb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6040 Oakbrook Ct  
 City State Zip Code  
 Ponte Vedra Beach FL 32082-2052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Florida Jacksonville Emergency Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2015  
**Transaction ID : 4B9D84B67BB074927A57**  
 Amount of Each Receipt this Period  
 83.34

**B. L Kendall Webb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6040 Oakbrook Ct  
 City State Zip Code  
 Ponte Vedra Beach FL 32082-2052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Florida Jacksonville Emergency Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : 459D8F5C9F27CAB19B8E**  
 Amount of Each Receipt this Period  
 83.34

**C. L Kendall Webb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6040 Oakbrook Ct  
 City State Zip Code  
 Ponte Vedra Beach FL 32082-2052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Florida Jacksonville Emergency Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2015  
**Transaction ID : 43329034F5F12B43265B**  
 Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.02  
**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 245 OF 340
	<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**

**A. Daniel R Wehner**  
Full Name (Last, First, Middle Initial)

Mailing Address 355 Bliss St

City Johnstown State PA Zip Code 15905-2755

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
04 / 07 / 2015  
Transaction ID : 4E87FCAFCC1744649802

Amount of Each Receipt this Period  
1200.00

**B. Daniel R Wehner**  
Full Name (Last, First, Middle Initial)

Mailing Address 355 Bliss St

City Johnstown State PA Zip Code 15905-2755

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
06 / 06 / 2015  
Transaction ID : 1BEFCE27-C777-44AB-

Amount of Each Receipt this Period  
1200.00

**C. Jesse Adams Wells**  
Full Name (Last, First, Middle Initial)

Mailing Address 12005 Iron Mountain Rd

City Redding State CA Zip Code 96001-9643

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 284.60

Date of Receipt  
06 / 24 / 2015  
Transaction ID : 2015062910844-217

Amount of Each Receipt this Period  
84.60

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2484.60

**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 246 OF 340
	<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**

**A. Richard Preston Wendell**  
Full Name (Last, First, Middle Initial)

Mailing Address 735 Pitt St

City Mt Pleasant State SC Zip Code 29464-5022

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

Name of Employer Trident Emergency Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2015  
**Transaction ID : 7669E081CD16B6EC59D**

Amount of Each Receipt this Period  
 1200.00

**B. Richard Preston Wendell**  
Full Name (Last, First, Middle Initial)

Mailing Address 735 Pitt St

City Mt Pleasant State SC Zip Code 29464-5022

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

Name of Employer Trident Emergency Physicians Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2015  
**Transaction ID : 20150508192310-61**

Amount of Each Receipt this Period  
 500.00

**C. Erin McNutt Wentzien**  
Full Name (Last, First, Middle Initial)

Mailing Address 16634 Marchmont Dr

City Los Gatos State CA Zip Code 95032-5609

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 284.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2015  
**Transaction ID : 20150710125259-136**

Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1900.00
<b>TOTAL</b> 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: PAGE 247 OF 340  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Steven G Werdehoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1233 Deborah Dr SE  
 City Huntsville State AL Zip Code 35801-1414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Huntsville Emergency Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2015  
**Transaction ID : 327F163AB00F4E768EDE**  
 Amount of Each Receipt this Period  
 600.00

**B. Brenden M Wetherton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3910 Clarke Pointe Ct  
 City Crestwood State KY Zip Code 40014-7789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Team Health Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015  
**Transaction ID : 0F4A5D70D1AE4AF683B5**  
 Amount of Each Receipt this Period  
 500.00

**C. Gordon Wheeler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6344 Old Dominion Dr  
 City McLean State VA Zip Code 22101-4117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 4B86BE83FB34016A0A52**  
 Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1183.34  
**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 248 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Gordon Wheeler**

Mailing Address 6344 Old Dominion Dr

City McLean State VA Zip Code 22101-4117

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
**04 / 12 / 2015**  
**Transaction ID : 45158C6E8E952E391D19**

Amount of Each Receipt this Period  
**83.34**

Full Name (Last, First, Middle Initial)  
**B. Gordon Wheeler**

Mailing Address 6344 Old Dominion Dr

City McLean State VA Zip Code 22101-4117

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
**05 / 12 / 2015**  
**Transaction ID : 4B5093EE178E17B1A1EA**

Amount of Each Receipt this Period  
**83.34**

Full Name (Last, First, Middle Initial)  
**C. Gordon Wheeler**

Mailing Address 6344 Old Dominion Dr

City McLean State VA Zip Code 22101-4117

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt  
**06 / 12 / 2015**  
**Transaction ID : 466AA9CC77C1BBAB482A**

Amount of Each Receipt this Period  
**83.34**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **250.02**

**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 249 OF 340
	<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**

**A. Dennis C Whitehead**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W9040 Peavy Falls Rd  
 City Iron Mountain State MI Zip Code 49801-8924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015  
**Transaction ID : 1FBCDFAED16D5CB70DD**  
 Amount of Each Receipt this Period  
**250.00**

**B. Joseph Wiater**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Legault Dr  
 City Cary State NC Zip Code 27513-1774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wake Emergency Physicians PA Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2015  
**Transaction ID : E94EC4BF32D445648A77**  
 Amount of Each Receipt this Period  
**50.00**

**C. David E Wilcox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Aspen Dr  
 City S Glastonbury State CT Zip Code 06073-2938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2015  
**Transaction ID : A485451A494EC573BD9**  
 Amount of Each Receipt this Period  
**365.00**

**SUBTOTAL** of Receipts This Page (optional)..... **665.00**  
**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 250 OF 340
	<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**

**A. Dean Wilkerson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 538 Rolling Hills Rd  
City Coppel State TX Zip Code 75019-4049  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Physician Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **04 / 29 / 2015**  
**Transaction ID : 4201CFB4770FE563D5B**  
Amount of Each Receipt this Period **1200.00**

**B. James M Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1400 Carrollton Ave  
City Baltimore State MD Zip Code 21204-6517  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Impact Medical Services Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.02**

Date of Receipt **03 / 04 / 2015**  
**Transaction ID : 20150307 30**  
Amount of Each Receipt this Period **100.00**

**C. James M Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1400 Carrollton Ave  
City Baltimore State MD Zip Code 21204-6517  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Impact Medical Services Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.02**

Date of Receipt **03 / 12 / 2015**  
**Transaction ID : 4DCC912647D544DA95A1**  
Amount of Each Receipt this Period **83.34**

**SUBTOTAL** of Receipts This Page (optional)..... **1383.34**  
**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 251 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mildred J Willy</b>		Date of Receipt
Mailing Address 5576 Hickory Ln		M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2015
City	State	Zip Code
Bay City	MI	48706-9722
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Timberline Emergency Physicians PC	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1200.00	
		Amount of Each Receipt this Period
		1200.00

Full Name (Last, First, Middle Initial) <b>B. Mark E Winther</b>		Date of Receipt
Mailing Address 219 Bibik Rd		M M M / D D D / Y Y Y Y Y Y 06 / 25 / 2015
City	State	Zip Code
Richfld Spgs	NY	13439-4541
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Bassett Healthcare	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	
		Amount of Each Receipt this Period
		1000.00

Full Name (Last, First, Middle Initial) <b>C. David Wirtz</b>		Date of Receipt
Mailing Address 1 Highgate NE		M M M / D D D / Y Y Y Y Y Y 03 / 17 / 2015
City	State	Zip Code
Ithaca	NY	14850-1483
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Emergency Medicine Physician Managemen	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	499.98	
		Amount of Each Receipt this Period
		83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2283.33
<b>TOTAL</b> 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:	PAGE 252 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial) <b>A. David Wirtz</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2015 <b>Transaction ID : E89C7A9AB7B04490BC33</b>
Mailing Address 1 Highgate NE		Amount of Each Receipt this Period 83.33
City Ithaca	State NY	Zip Code 14850-1483
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) <b>B. David Wirtz</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 19 / 2015 <b>Transaction ID : 20150518183743-51</b>
Mailing Address 1 Highgate NE		Amount of Each Receipt this Period 83.33
City Ithaca	State NY	Zip Code 14850-1483
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) <b>C. David Wirtz</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015 <b>Transaction ID : 20150619175314-147</b>
Mailing Address 1 Highgate NE		Amount of Each Receipt this Period 83.33
City Ithaca	State NY	Zip Code 14850-1483
FEC ID number of contributing federal political committee. C		
Name of Employer Emergency Medicine Physician Managemen	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 253 OF 340
	<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**

Full Name (Last, First, Middle Initial) <b>A. Stanley Longji Wu</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 2726 Bissonnet St Ste 240-104		<b>Transaction ID : 4CB33C80-4D09-4A09-</b>
City Houston	State TX	Zip Code 77005-1319
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1200.00	
Name of Employer Baylor College of Medicine Emergency M	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas E Wyatt</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2015
Mailing Address 3925 Drew Ave S		<b>Transaction ID : 46F390F1E96B9B0F79B1</b>
City Minneapolis	State MN	Zip Code 55410-1049
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34	
Name of Employer Mercy Hospital Emergency Physicians	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) <b>C. Thomas E Wyatt</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2015
Mailing Address 3925 Drew Ave S		<b>Transaction ID : 4CFB9BC4FB5E9077E1C7</b>
City Minneapolis	State MN	Zip Code 55410-1049
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34	
Name of Employer Mercy Hospital Emergency Physicians	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1366.68
<b>TOTAL</b> 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 254 OF 340
	<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**

**A. Thomas E Wyatt**  
 Full Name (Last, First, Middle Initial)  
 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 Mercy Hospital Emergency Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : 4B81BCAFD698163D874E**  
 Amount of Each Receipt this Period  
 83.34

**B. Thomas E Wyatt**  
 Full Name (Last, First, Middle Initial)  
 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 Mercy Hospital Emergency Physicians Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2015  
**Transaction ID : 4F519B9B60F3E9EEFE20**  
 Amount of Each Receipt this Period  
 83.34

**c. Charlotte S Yeh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 345 West St  
 City Dedham State MA Zip Code 02026-5519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Occupation 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  
 04 / 15 / 2015  
**Transaction ID : 906C66D69F644A03B54E**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	366.68
<b>TOTAL</b> 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 255 OF 340
	<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**

**A. Liam Yore**  
Full Name (Last, First, Middle Initial)

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 North Sound Emergency Medicine Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2015  
**Transaction ID : 458D8DA050D4A714922F**

Amount of Each Receipt this Period  
 250.00

**B. Jeffrey Yosten**  
Full Name (Last, First, Middle Initial)

Mailing Address 1005 Kelland Dr

City Norfolk State NE Zip Code 68701-9217

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : 20150518182247-13**

Amount of Each Receipt this Period  
 200.00

**C. Wesley Zeger**  
Full Name (Last, First, Middle Initial)

Mailing Address 290 Skyline Dr

City Elkhorn State NE Zip Code 68022-1788

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015  
**Transaction ID : 60D85A8890E84899ADAD**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 256 OF 340
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial) <b>A. Wesley Zeger</b>		Date of Receipt
Mailing Address 290 Skyline Dr		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
Elkhorn	NE	68022-1788
FEC ID number of contributing federal political committee.		Transaction ID : <b>B2691DE60FCF4BC3B9CA</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Physician	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Nestor R Zenarosa</b>		Date of Receipt
Mailing Address 3402 Merritt Rd Ste 750-411STE		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
Sachse	TX	75048-4600
FEC ID number of contributing federal political committee.		Transaction ID : <b>78890BAFE9FC9C85594</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="600.00"/>
Name of Employer	Occupation	
Physician	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Gary David Zimmer</b>		Date of Receipt
Mailing Address 419 Boxwood Rd		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Bryn Mawr	PA	19010-1254
FEC ID number of contributing federal political committee.		Transaction ID : <b>45D38D30E0E57C32F864</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="625.00"/>
Name of Employer	Occupation	
Physician	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1325.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



**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 257 OF 340
	<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**

Full Name (Last, First, Middle Initial)  
**A. Gary David Zimmer**

Mailing Address 419 Boxwood Rd

City	State	Zip Code
Bryn Mawr	PA	19010-1254

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

Name of Employer	Occupation
Physician	Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

**Transaction ID : 4E04AEFAB08C6CAA3170**

Amount of Each Receipt this Period  
625.00

Full Name (Last, First, Middle Initial)  
**B. Andrew R Zinkel**

Mailing Address 5517 Oaklawn Ave

City	State	Zip Code
Minneapolis	MN	55424-1612

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

Name of Employer	Occupation
Regions Medical Center	Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : 437D84A5A491026930DC**

Amount of Each Receipt this Period  
83.34

Full Name (Last, First, Middle Initial)  
**C. Andrew R Zinkel**

Mailing Address 5517 Oaklawn Ave

City	State	Zip Code
Minneapolis	MN	55424-1612

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

Name of Employer	Occupation
Regions Medical Center	Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

**Transaction ID : 6595B0BADD866886602**

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1058.34
<b>TOTAL</b> 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: PAGE 258 OF 340  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Michael D Zwank**

Mailing Address 2131 Pinehurst Ave

City State Zip Code  
Saint Paul MN 55116-1318

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

Name of Employer Occupation  
Regions Medical Center Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2015

**Transaction ID : 99224D2A55D465F2A16**

Amount of Each Receipt this Period  
1200.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	243144.60

**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"/> 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)  
**National Emergency Medicine Political Action Committee**

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  
JAN15 BANK FEES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **E6CF8D038633FFF4028**

Amount of Each Disbursement this Period

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  
FEB15 BANK FEES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **A37437859487766ABC0**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JPMorgan Chase Bank NA**

Mailing Address 1717 Main Street  
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
MAR15 BANK FEES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **229B1A26A6EDB5EE722**

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**National Emergency Medicine Political Action Committee**

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  
APR15 BANK FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2015

Transaction ID : 6CF133083EC6443E57D

Amount of Each Disbursement this Period

285.15

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  
MAY15 BANK FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : 2AB4072D9196A1C1336

Amount of Each Disbursement this Period

855.62

Full Name (Last, First, Middle Initial)

**C. JPMorgan Chase Bank NA**

Mailing Address 1717 Main Street  
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
JUN15 BANK FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : 226F13B32D9198BFFD2

Amount of Each Disbursement this Period

1026.59

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

2167.36

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

3158.70

**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alaskans for Don Young Inc.**

Mailing Address 2504 Fairbanks Street

City Anchorage State AK Zip Code 99503

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Donald Edwin Young**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AK District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2015

**Transaction ID : D61C550BC56EA28F81E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Alaskans for Don Young Inc.**

Mailing Address 2504 Fairbanks Street

City Anchorage State AK Zip Code 99503

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Donald Edwin Young**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AK District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : C652C328DCB45EA3BD9**

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

**C. AMERIPAC: The Fund for a Greater America**

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**AMERIPAC: The Fund for a Greater America**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

**Transaction ID : 7AA7C848EED004C1AC9**

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ami Bera for Congress**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Ameriash B. Bera**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2015

**Transaction ID : B00BA91FF6BAAFE38F3**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ami Bera for Congress**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Ameriash B. Bera**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

**Transaction ID : 57932D98B33952933ED**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Andy Barr for Congress, Inc.**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Garland Hale Barr IV**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2015

**Transaction ID : 2BB506B74B1DFA0C0F2**

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

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  
2016 Primary

011

Candidate Name

**Garland Hale Barr IV**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2015

**Transaction ID : 25492FF0286D676FA1B**

Amount of Each Disbursement this Period

1000.00

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  
2016 Primary

011

Candidate Name

**Garland Hale Barr IV**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : 878267D3F4411EA9430**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Andy Barr for Congress, Inc.**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Garland Hale Barr IV**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : BCBAD92FD80145AE272**

Amount of Each Disbursement this Period

3000.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andy Barr for Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Mailing Address PO Box 2059

**Transaction ID : 5E84C4D6E776F96ABE6**

City Lexington State KY Zip Code 40588

Amount of Each Disbursement this Period

-3000.00
----------

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Candidate Name

**Garland Hale Barr IV**

Office Sought:  House  
 Senate  
 President  
State: KY District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Andy Harris for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2015

Mailing Address PO Box 426

**Transaction ID : 80828B281C8EEF36DC6**

City Stevensville State MD Zip Code 21666

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Candidate Name

**Andrew P. Harris**

Office Sought:  House  
 Senate  
 President  
State: MD District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Andy Harris for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2015

Mailing Address PO Box 426

**Transaction ID : 5637C5358280CC831E3**

City Stevensville State MD Zip Code 21666

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Candidate Name

**Andrew P. Harris**

Office Sought:  House  
 Senate  
 President  
State: MD District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

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

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

-500.00
---------

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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"/> 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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ann Wagner for Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Ann Louise Wagner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2015

Transaction ID : C60E0AD2D7CD6F5D3BE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Austin Scott for Congress Inc**

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**James Austin Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

Transaction ID : 4EB246C4D38B93AF135

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Daniel J. Benishek**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2015

Transaction ID : 49A31C91B706BB08B00

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Daniel J. Benishek**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

**Transaction ID : 81D24DA01DDD8FC3E3D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Daniel J. Benishek**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2015

**Transaction ID : CAFCF0827680EC052B7**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Daniel J. Benishek**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

**Transaction ID : 76AD3220F6642892337**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bennet for Colorado**

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael F. Bennet**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

Transaction ID : E5AE7712651B1171094

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Bill Flores for Congress**

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**William H. Flores**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2015

Transaction ID : F166EB7378F3D456357

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Billy Long for Congress**

Mailing Address 3246 E Ridgeview St

City Springfield State MO Zip Code 65804-4076

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**William H. Long II**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2015

Transaction ID : E89B79EC099341836BE

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Billy Long for Congress**

Mailing Address 3246 E Ridgeview St

City Springfield State MO Zip Code 65804-4076

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**William H. Long II**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

Transaction ID : F748D60E8BF7996C0A1

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Blue Dog Political Action Committee**

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Blue Dog Political Action Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

Transaction ID : 3531101CB9AFFA2693E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Bluegrass Committee**

Mailing Address 228 S. Washington St., Ste. 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Bluegrass Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

Transaction ID : F2E43AD6812A1DF0CF6

Amount of Each Disbursement this Period

2500.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Blumenauer for Congress**

Mailing Address 232 NE 9th

City Portland State OR Zip Code 97232

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Earl Francis Blumenauer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	5

Transaction ID : ODB04BB960359CE31F5

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Blumenauer for Congress**

Mailing Address 232 NE 9th

City Portland State OR Zip Code 97232

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Earl Francis Blumenauer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	5

Transaction ID : A0069982CF0339D28CE

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Blumenthal for Connecticut**

Mailing Address 777 Summer Street Ste 103  
C/O Cacace Tusch & Santagata

City Stamford State CT Zip Code 06901

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Richard Blumenthal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	5

Transaction ID : 85326383E81811680D8

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bonamici for Congress**

Mailing Address PO Box 1632

City Beaverton State OR Zip Code 97075

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Suzanne Marie Bonamici**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2015

**Transaction ID : 8B566AEBF2D1E399057**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Bonnie Watson Coleman for Congress**

Mailing Address 918 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Bonnie Watson Coleman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2015

**Transaction ID : 383D3BFCFDE0A788DAB**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Brady for Congress**

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kevin Patrick Brady**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 29 / 2015

**Transaction ID : 55F1E656A09C93EE53C**

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brady for Congress**

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kevin Patrick Brady**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	5

Transaction ID : **DD0FDCB6BB96DF08651**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Carlos Curbelo Congress**

Mailing Address 8770 SW 72nd St

City Miami State FL Zip Code 33173-3512

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Carlos Luis Curbelo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	5

Transaction ID : **6B880DAC73A9BA4D99B**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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  
2016 Primary

011

Candidate Name

**Katherine Anne Castor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	5

Transaction ID : **E1570C373C124BF5A92**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Cathy McMorris Rodgers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	5

Transaction ID : 97E701E3E6B69E4A4D5

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Charles Boustany Jr. MD for Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Charles William Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	5

Transaction ID : 9E1FC2F9A291513EEAE

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Charles Boustany Jr. MD for Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Charles William Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	5

Transaction ID : 5D923D0DAF8F116E19C

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0



**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charlie Dent for Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105-0442

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Charles W. Dent**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	5

**Transaction ID : 5A39CA31F1EE75929BD**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Charlie Dent for Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105-0442

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Charles W. Dent**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	5

**Transaction ID : 81C264E7D9342BB1042**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Chuck Fleischmann for Congress Committee, Inc.**

Mailing Address PO Box 11091

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Charles J. Fleischmann**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	5

**Transaction ID : B4C27CB723CFDC97EF4**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

6	5	0	0	.	0	0
---	---	---	---	---	---	---

6	5	0	0	.	0	0
---	---	---	---	---	---	---

**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Citizens for Boyle**

Mailing Address 499 S. Capitol St. SW  
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Brendan Francis Boyle**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2015

**Transaction ID : 751A5A846B4356337AD**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Citizens To Elect Rick Larsen**

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Rick Larsen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2015

**Transaction ID : F7A74311300D790B037**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Comstock for Congress**

Mailing Address PO Box 831

City Mc Lean State VA Zip Code 22101

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Barbara Jean Comstock**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 16 / 2015

**Transaction ID : 6CCCEB395C4469861C4**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Comstock for Congress**

Mailing Address PO Box 831

City State Zip Code  
Mc Lean VA 22101

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Barbara Jean Comstock**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

**Transaction ID : 4534B82B1D52A9BAFCF**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Continuing America's Strength and Security PAC**

Mailing Address PO Box 80505

City State Zip Code  
Baton Rouge LA 70898

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Continuing America's Strength and Security PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

**Transaction ID : 52C1A1F72E5AE6C9140**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Courtney for Congress**

Mailing Address PO Box 1372

City State Zip Code  
Vernon CT 06066

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Joseph D. Courtney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

**Transaction ID : 92BEA47FE9B7E8935C2**

Amount of Each Disbursement this Period

2500.00

**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"/> 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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cramer for Congress**

Mailing Address PO Box 396

City Bismarck State ND Zip Code 58502-0396

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Kevin John Cramer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ND District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

**Transaction ID : 13127A1902DC3BAE74C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Deb Fischer for US Senate Inc**

Mailing Address 5555 South St

City Lincoln State NE Zip Code 68506

Purpose of Disbursement  
2018 Primary

011  
Category/  
Type

Candidate Name

**Debra Fischer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NE District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2015

**Transaction ID : 6922C7DDBE499CC2892**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Deb Fischer for US Senate Inc**

Mailing Address 5555 South St

City Lincoln State NE Zip Code 68506

Purpose of Disbursement  
2018 Primary

011  
Category/  
Type

Candidate Name

**Debra Fischer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NE District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : 87934F0EC25F47836A6**

Amount of Each Disbursement this Period

-2500.00

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

1000.00

**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dedicated To Establishing National Teamwork PAC (DENT PAC)**

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
2015 Contribution

011

Candidate Name  
**Dedicated To Establishing National Teamwork PAC (DENT PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	5

Transaction ID : 47B35988E8EADDB5953

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. DelBene for Congress**

Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Suzan Kay DelBene**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 01

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	5

Transaction ID : D782A5141D595FB5BF4

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Contribution

011

Candidate Name  
**Democratic Congressional Campaign Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	5

Transaction ID : D8420A77F17783BBB2D

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2	2	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

2	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Democrats United To Change and Hope PAC (DUTCH PAC)**

Mailing Address 499 S. Capitol Street, SW  
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Contribution

011

Candidate Name  
**Democrats United To Change and Hope PAC (DUTCH PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : FAAA9C650DDAC6C756A**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Denham for Congress**

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Jeffrey John Denham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: CA District: 10

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2015

**Transaction ID : C32549929D255B9988A**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Diane Black for Congress**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066-1437

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Diane Lynn Black**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: TN District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2015

**Transaction ID : D861D7CA47C7AAA5CBA**

Amount of Each Disbursement this Period

2500.00

**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"/> 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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Diane Black for Congress**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066-1437

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Diane Lynn Black**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	5

Transaction ID : C5AFD037EAFDCFB6C82

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Dirigo PAC**

Mailing Address PO Box 1355

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Dirigo PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	5

Transaction ID : AB0809003B7565ADD0A

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Dold for Congress**

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Robert James Dold Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

Transaction ID : 0D88C1ED64ACC106C94

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

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

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

8	5	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"/> 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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Donald Norcross for Congress**

Mailing Address PO Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Donald W. Norcross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	5

Transaction ID : F6DD867B8EC014D37EE

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Dr Brian Babin for Congress**

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Brian Babin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	5

Transaction ID : 461B56F371E6203ED4E

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Dr Brian Babin for Congress**

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Brian Babin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	5

Transaction ID : BDC8639CA57B5D9CA41

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0




**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 3433

City State Zip Code  
Palm Desert CA 92261

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Raul Ruiz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2015

**Transaction ID : 84DD6C6AD6BE5F332A5**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. DSCC**

Mailing Address 120 Maryland Ave NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**DSCC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

**Transaction ID : 941A5D45804D95C5E0E**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**C. Dutch Ruppensberger for Congress Committee**

Mailing Address PO Box 231

City State Zip Code  
Lutherville MD 21094

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**C.A. Dutch Ruppensberger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : 49EA2EE848261DDDE8F**

Amount of Each Disbursement this Period

2500.00

**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"/> 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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dutch Ruppensberger for Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2015

Mailing Address PO Box 231

**Transaction ID : E42FFBF9BBB80F6BFFA**

City Lutherville State MD Zip Code 21094

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Candidate Name

**C.A. Dutch Ruppensberger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 02

Full Name (Last, First, Middle Initial)

**B. Eddie Bernice Johnson for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2015

Mailing Address 3102 Maple Avenue, Suite 605

**Transaction ID : AC58F65FBF3D437C5A5**

City Dallas State TX Zip Code 75201

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Candidate Name

**Eddie Bernice Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 30

Full Name (Last, First, Middle Initial)

**C. Elect Blake Farenthold Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2015

Mailing Address PO Box 3369

**Transaction ID : 92E3539A6B5CEE1E1E3**

City Corpus Christi State TX Zip Code 78463-3369

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Candidate Name

**R. Blake Farenthold**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 27

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

5000.00
---------

**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"/> 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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elise for Congress**

Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Elise M. Stefanik**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2015

**Transaction ID : 442DA3A3C4674432D7**

Amount of Each Disbursement this Period

1000.00

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  
2016 Primary

011

Category/  
Type

Candidate Name

**Elise M. Stefanik**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2015

**Transaction ID : 1BAC0B7FD63E0855ADF**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Elise for Congress**

Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Elise M. Stefanik**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2015

**Transaction ID : 273D15CF9513B1385BE**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Fattah for Congress**

Mailing Address PO Box 30743

City Philadelphia State PA Zip Code 19104

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Chaka Fattah Sr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2015

**Transaction ID : FDA9DFA80976529476B**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Fleming for Congress**

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058-1236

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**John Calvin Fleming Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : D8A0F34178BAEE4AE35**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Chris Murphy**

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Christopher Scott Murphy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2015

**Transaction ID : 0E0A51969AC8D00015A**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Dave Joyce**

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**David Patrick Joyce**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	5

**Transaction ID : A7AA18F3F88B8E1CB8A**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends of Dave Joyce**

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**David Patrick Joyce**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	5

**Transaction ID : 58C955A8BC54E46779E**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends of Dennis Ross**

Mailing Address Post Office Box

City Lakeland State FL Zip Code 33807

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Dennis Alan Ross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	5

**Transaction ID : 420D4DDFF7519D7CA9F**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

4	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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)

**National Emergency Medicine Political Action Committee**

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  
2016 Primary

011

Candidate Name

**Elizabeth H. Esty**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

**Transaction ID : F0A790676C3C43B4FEC**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Erik Paulsen**

Mailing Address PO Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Erik Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

**Transaction ID : 0E215A6C70F10EA0BAB**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Jim Clyburn**

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**James E. Clyburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

**Transaction ID : 999085784919F16D6FF**

Amount of Each Disbursement this Period

1500.00

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Joe Heck Congress**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Joseph John Heck Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

**Transaction ID : 526A479F17781FE9D18**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Joe Heck Congress**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Joseph John Heck Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2015

**Transaction ID : 8E47C353D3A8BF5AE30**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Heck Congress**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
2016 General

011

Candidate Name

**Joseph John Heck Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2015

**Transaction ID : 0F67D2F2A2E302FB8D1**

Amount of Each Disbursement this Period

5000.00

**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"/> 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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Joe Pitts**

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Joseph Russell Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	5

**Transaction ID : F81BFCAC7CD788416CE**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**John Andrew Boehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	5

**Transaction ID : 86607934EABFC694AA3**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Friends of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement  
2016 General

011

Candidate Name

**John Andrew Boehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	5

**Transaction ID : 5CF7239166E7300E4D8**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

1	2	5	0	0	.	0	0
---	---	---	---	---	---	---	---

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

1	2	5	0	0	.	0	0
---	---	---	---	---	---	---	---



**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Kelly Ayotte Inc**

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kelly Ann Ayotte**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : ACC7B3A790C37967A6F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Michelle**

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michelle Lujan Grisham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

Transaction ID : B81245EC1BCBB1357AA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Rosa DeLauro**

Mailing Address 129 Church St, Ste 818

City New Haven State CT Zip Code 06510

Purpose of Disbursement  
2016 Convention Election

011

Candidate Name

**Rosa L. DeLauro**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

Transaction ID : 4527F05DD7BAA10CBA0

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Roy Blunt**

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Roy Dean Blunt**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : 0904E784FDF50E88545

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Roy Blunt**

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Roy Dean Blunt**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : A1B93AE629C6F326F05

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Charles E. Schumer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : 5C75C88145C9CDA7332

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Charles E. Schumer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2015

**Transaction ID : 02E878A7AB023A75C46**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Scott Desjarlais**

Mailing Address PO Box 90133

City Nashville State TN Zip Code 37209

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Scott Eugene Desjarlais**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2015

**Transaction ID : 7640B2ADBAEBDCD726A**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Susan Brooks**

Mailing Address 9425 N Meridian Street  
# 237

City Indianapolis State IN Zip Code 46260-1308

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Susan W. Brooks**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2015

**Transaction ID : AAF8B480CA106D67FEF**

Amount of Each Disbursement this Period

1000.00
---------

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

4500.00
---------

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

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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"/> 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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gallego for Arizona**

Mailing Address PO Box 1710

City Phoenix State AZ Zip Code 85001

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Ruben M. Gallego**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

Transaction ID : C7C28EEDFEB58AE1CD0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Garamendi for Congress**

Mailing Address 1050 17th St NW Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**John Raymond Garamendi**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : 384543F0441C79DE990

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Raymond Eugene Green**

Office Sought:  House  
 Senate  
 President  
State: TX District: 29

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2015

Transaction ID : 39C3C08942A38C386B1

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. George Holding for Congress Inc.**

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**George E. B. Holding**

Office Sought:  House  
 Senate  
 President  
State: NC District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1575191ACA2FBF3C035**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Graham for Congress**

Mailing Address PO Box 310

City Tallahassee State FL Zip Code 32302

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Gwendolyn Graham**

Office Sought:  House  
 Senate  
 President  
State: FL District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 983CBD80EDDE3F19AD1**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Grassley Committee Inc**

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Charles E. Grassley**

Office Sought:  House  
 Senate  
 President  
State: IA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : BEF0D01248C583398C0**

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)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Graves for Congress**

Mailing Address 2345 Grand Boulevard  
Suite 2400

City Kansas City State MO Zip Code 64108-2642

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Samuel Bruce Graves Jr.**

Office Sought:  House  
 Senate  
 President  
State: MO District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2015

Transaction ID : D438661E595ABD3C584

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Gregg Harper for Congress**

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Gregory Harper**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 17 / 2015

Transaction ID : C7A77508112874507DF

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Guthrie for Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**S. Brett Guthrie**

Office Sought:  House  
 Senate  
 President  
State: KY District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2015

Transaction ID : 8121F1B718A9A60BC45

Amount of Each Disbursement this Period

2500.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hatch Election Committee Inc**

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Orrin Grant Hatch**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2015

**Transaction ID : EAB0130649F55E56C2A**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Healthcare Freedom Fund**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Healthcare Freedom Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2015

**Transaction ID : CF3F3E77939C002C249**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Hellerhighwater PAC**

Mailing Address PO Box 370672

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Hellerhighwater PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2015

**Transaction ID : 6B411FFDFC437CAA6B2**

Amount of Each Disbursement this Period

2500.00
---------

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

10000.00
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**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"/> 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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hellerhighwater PAC**

Mailing Address PO Box 370672

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Hellerhighwater PAC**

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2015

Transaction ID : AD5F4EB627327452E3E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Himes for Congress**

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**James Andrew Himes**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Contribution

State: CT District: 04

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

Transaction ID : 9F1D308C54311043C54

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Holding Onto Oregon's Priorities**

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Holding Onto Oregon's Priorities**

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2015

Transaction ID : 7795910DAB4156C37BE

Amount of Each Disbursement this Period

5000.00

**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"/> 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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. IMPACT**

Mailing Address 192 Lexington Ave.  
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**IMPACT**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

Transaction ID : 94EA2E40496D31CEB69

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. IMPACT**

Mailing Address 192 Lexington Ave.  
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**IMPACT**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : 509AD05EDFF2EF15D60

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Jackie Speier for Congress**

Mailing Address PO Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**K. Jacqueline Speier**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Contribution

State: CA District: 14

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2015

Transaction ID : C9246189EA55E37AE6D

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jason Smith for Congress**

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702-1324

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Jason Thomas Smith**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

**Transaction ID : F3C24A0FCD0C22055A5**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Jeff Duncan for Congress**

Mailing Address PO Box 845

City Laurens State SC Zip Code 29360

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Jeffrey D. Duncan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	5

**Transaction ID : BB01F3ACD2D493111CD**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Jenkins for Congress**

Mailing Address PO Box 727

City Huntington State WV Zip Code 25711

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Evan H. Jenkins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	5

**Transaction ID : ABDA6CE8C69DDDD5D1E**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jenkins for Congress**

Mailing Address PO Box 727

City: Huntington State: WV Zip Code: 25711

Purpose of Disbursement: 2016 Primary

011

Category/Type

Candidate Name

**Evan H. Jenkins**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : 24B54F962A28236EFD0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jenkins for Congress**

Mailing Address PO Box 727

City: Huntington State: WV Zip Code: 25711

Purpose of Disbursement: 2016 Primary

011

Category/Type

Candidate Name

**Evan H. Jenkins**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : E19FC7DB20EE04BA58E

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

**C. JET PAC**

Mailing Address PO Box 2385

City: Ottawa State: IL Zip Code: 61350

Purpose of Disbursement: 2015 Contribution

011

Category/Type

Candidate Name

**JET PAC**

Office Sought:  House  Senate  President  
State: District: Contribution

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : 8743FB6826647EDE006

Amount of Each Disbursement this Period

2500.00

**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)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jobs, Opportunities and Education PAC (JOE-PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	16	/	2015

Mailing Address 700 13th Street, NW  
Suite 600

**Transaction ID : 70461723E402291F682**

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
2015 Contribution

011
Category/ Type

Candidate Name

**Jobs, Opportunities and Education PAC (JOE-PAC)**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) Contribution

State: District:

Full Name (Last, First, Middle Initial)

**B. Johnson for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	28	/	2015

Mailing Address PO Box 906

**Transaction ID : 01CDA344E56592F294C**

City Marietta State OH Zip Code 45750

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Candidate Name

**William L. Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Contribution

State: OH District: 06

Full Name (Last, First, Middle Initial)

**C. Julia Brownley for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2015

Mailing Address PO Box 2018

**Transaction ID : CDBA4482501AD713543**

City Thousand Oaks State CA Zip Code 91358

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Candidate Name

**Julia Brownley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Contribution

State: CA District: 26

**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"/> 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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julia Brownley for Congress**

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Julia Brownley**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 26

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

Transaction ID : 02015B36F9D849FF6A4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kathleen Rice for Congress**

Mailing Address PO Box 744

City Mineola State NY Zip Code 11501

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kathleen Maura Rice**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2015

Transaction ID : 4DFE41A0CA62DE25CB9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kevin Owen McCarthy**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2015

Transaction ID : 11CF4C4253D36722839

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Kevin Owen McCarthy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

**Transaction ID : 29E51ED2AE1136E34F9**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Kinzinger for Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350-6965

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Adam Daniel Kinzinger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : FCCB8035692489B9283**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kinzinger for Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350-6965

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Adam Daniel Kinzinger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2015

**Transaction ID : 6563F9C7BFA6D388CBD**

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kinzinger for Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350-6965

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Adam Daniel Kinzinger**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2015

Transaction ID : 39CC93F79ED7045892B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kirk for Senate**

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Mark Steven Kirk**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2015

Transaction ID : E7CBE8AA72F9B585C7C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kirk for Senate**

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement  
2016 General

011

Candidate Name  
**Mark Steven Kirk**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2015

Transaction ID : 5F2919FFF6ACA7F8F34

Amount of Each Disbursement this Period

1500.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kirk for Senate**

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement  
2016 General

011

Candidate Name

**Mark Steven Kirk**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	5

Transaction ID : 7D311AA2FA749D8B8E2

Amount of Each Disbursement this Period

3	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Kristi for Congress**

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kristi Lynn Noem**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : B32325279E832D726BC

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kurt Schrader**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

Transaction ID : B3A1C5B6D65B2D19477

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

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

6	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	0	0	0	0	0
---	---	---	---	---	---



**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Kurt Schrader**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : E52F823147A62F5F6DA

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Kyrsten Sinema**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : 5399029BA5F6E98BAA2

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. LaHood for Congress**

Mailing Address PO Box 10735

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
2015 Special

011

Category/  
Type

Candidate Name

**Darin M. LaHood**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Special

State: IL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : 1F881BDAD90E54CBA5A

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lance for Congress**

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Leonard Lance**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

Transaction ID : 527825389CA4CCC48F1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Langevin for Congress**

Mailing Address 181A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**James R. Langevin**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: RI District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : 7CDBA419636F345EFCB

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Langevin for Congress**

Mailing Address 181A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**James R. Langevin**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: RI District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2015

Transaction ID : EE42829BEC101F3BEE5

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Langevin for Congress**

Mailing Address 181A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**James R. Langevin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2015

Transaction ID : 597A5A7BD4F4269379F

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Levin for Congress**

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Sander M. Levin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 16 / 2015

Transaction ID : CC0D2EC1443D7C213E8

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Levin for Congress**

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Sander M. Levin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 17 / 2015

Transaction ID : C7F1FB02665DC7F937A

Amount of Each Disbursement this Period

1500.00

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lincoln PAC**

Mailing Address PO Box A3968

City Chicago State IL Zip Code 60690

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name  
**Lincoln PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

**Transaction ID : 6BC621B54A31CBF5B34**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Lone Star Leadership PAC**

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name  
**Lone Star Leadership PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : BA3EA8E7DDDE796103B**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Lynn Jenkins for Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601-1441

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name  
**Lynn Michelle Jenkins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: KS District: 02

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2015

**Transaction ID : 5D7463FB7BB44085246**

Amount of Each Disbursement this Period

2500.00

**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"/> 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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Maggie's List**

Mailing Address 6675 Weeping Willow Way

City Tallahassee State FL Zip Code 32311

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Maggie's List**

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

**Transaction ID : C988AFC331BEDAB36C0**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Majority Committee PAC--Mc PAC**

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Majority Committee PAC--Mc PAC**

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : 472E66764E499DFF479**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Making America Prosperous PAC**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Making America Prosperous PAC**

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : 928FA428E5B49636447**

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mark Pocan for Congress**

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Mark Pocan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

Transaction ID : E3B598E7D970DF72B43

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024-3750

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Marsha Wedgeworth Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : 264E9FBA1EF9DD3A943

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024-3750

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Marsha Wedgeworth Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2015

Transaction ID : 19664A7831D0626EAC2

Amount of Each Disbursement this Period

3500.00

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

5500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## A. McKinley for Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**David B. McKinley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	6			2	0	1	5	

Transaction ID : 2A39B644287DB0DCE1E

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

## B. Michael Burgess for Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael Clifton Burgess**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	1	5	

Transaction ID : 18FB0D194934B56ACEB

Amount of Each Disbursement this Period

2	5	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

## C. Michael Burgess for Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael Clifton Burgess**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	1	5	

Transaction ID : C08D8E105D6904B4810

Amount of Each Disbursement this Period

2	5	0	.	0	0
---	---	---	---	---	---

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

1	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	0	0	.	0	0
---	---	---	---	---	---

### 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)

**National Emergency Medicine Political Action Committee**

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  
2016 Primary

011

Category/  
Type

Candidate Name

**Michael D. Bishop**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2015

Transaction ID : 0158E3BC210460A13AF

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

#### B. Mike Kelly for Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**G. Mike J. Kelly**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

Transaction ID : 893EB1F26AEAF3F40AB

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

#### C. Mike Kelly for Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**G. Mike J. Kelly**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

Transaction ID : 5812A6DE2C0660771E2

Amount of Each Disbursement this Period

1000.00

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

3000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mooney for Congress**

Mailing Address PO Box 1863

City Martinsburg State WV Zip Code 25402

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Alexander X. Mooney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

**Transaction ID : E924BD8BF68EBE534C8**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Moran for Kansas**

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601-1151

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Jerry W. Moran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

**Transaction ID : F16DA0C8D7D56E95FCB**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Moran for Kansas**

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601-1151

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Jerry W. Moran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : C237CC148900C53DCC7**

Amount of Each Disbursement this Period

-2500.00

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

1000.00

**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Moran for Kansas**

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601-1151

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Jerry W. Moran**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

**Transaction ID : 75C59ED63869572C517**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Morgan Griffith for Congress**

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**H. Morgan Griffith**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

**Transaction ID : 014699D67E9266C4FAA**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. MURPHPAC**

Mailing Address 410 1st St SE, FI 3

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**MURPHPAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

**Transaction ID : D025606377557BE3235**

Amount of Each Disbursement this Period

5000.00

**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"/> 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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nancy Pelosi for Congress**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Nancy Pelosi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

Transaction ID : EC7A7DE052619552051

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. New Democrat Coalition PAC**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**New Democrat Coalition PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : C339BA94BEEEEEDF003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. New Pioneers PAC**

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**New Pioneers PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2015

Transaction ID : 60B2B41F853C81183C2

Amount of Each Disbursement this Period

5000.00

**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"/> 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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. New York Jobs PAC**

Mailing Address PO Box 708

City Melville State NY Zip Code 11747

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**New York Jobs PAC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

Transaction ID : E4D7531C00A0000E1D0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. NRCC**

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**NRCC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2015

Transaction ID : D9E87FF29251BFFCF44

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**C. NRSC**

Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**NRSC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2015

Transaction ID : C3B53F34786FE41EA3E

Amount of Each Disbursement this Period

15000.00

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

31000.00

**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nutmeg PAC**

Mailing Address C/O Cacace Tusch & Santagata  
777 Summer St, Suite 103

City State Zip Code  
Stamford CT 06903

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Nutmeg PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

Transaction ID : 8F4B86C87CE2AB247E6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Ocean State Political Action Committee (OSPAC)**

Mailing Address 26 Hilton Road

City State Zip Code  
Warwick RI 02889-2930

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Ocean State Political Action Committee (OSPAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : 20B27FFC02541A08851

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Olson for Congress Committee**

Mailing Address PO Box 16381

City State Zip Code  
Sugar Land TX 77496-6381

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Peter Graham Olson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Contribution

State: TX District: 22

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : C99CDD6FFFC4CDF4FE0

Amount of Each Disbursement this Period

2500.00

**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"/> 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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pallone for Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2015

**Transaction ID : C08A4FB47A970CD294D**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Pat Meehan for Congress**

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063-3531

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patrick L. Meehan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

**Transaction ID : 2E90FA510780A508033**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Paul Gosar for Congress**

Mailing Address PO Box 2967

City Prescott State AZ Zip Code 86302

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Paul Anthony Gosar**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 04

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2015

**Transaction ID : E588AAA307A8AF4EAB7**

Amount of Each Disbursement this Period

2000.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
**National Emergency Medicine Political Action Committee**

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  
2016 Primary

011

Candidate Name

**Derek Kilmer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2015

Transaction ID : A2D6CF852E3044E4335

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. People for Derek Kilmer**

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Derek Kilmer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2015

Transaction ID : 4657BF6D97836656EE9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. People for Patty Murray**

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patricia Lynn Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2015

Transaction ID : D614AF149248DA1F774

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Perlmutter for Congress**

Mailing Address 3440 Youngfield Street  
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Edwin George Perlmutter**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2015

Transaction ID : ABE130C456CD916C154

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Perlmutter for Congress**

Mailing Address 3440 Youngfield Street  
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Edwin George Perlmutter**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : 4E3F2AF2710F2A4A63C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Pete Aguilar for Congress**

Mailing Address PO Box 10954

City San Bernardino State CA Zip Code 92423

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Peter Ray Aguilar**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 31

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2015

Transaction ID : 152EB39A928F1AB0195

Amount of Each Disbursement this Period

1000.00

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

4500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pete Aguilar for Congress**

Mailing Address PO Box 10954

City San Bernardino State CA Zip Code 92423

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Peter Ray Aguilar**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

Transaction ID : 43D44116F1AA8D737B2

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Pete Sessions for Congress**

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382-3047

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Peter Anderson Sessions**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : E75272BAF9C9DECEBB7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Pioneer Political Action Committee**

Mailing Address 701 8th Street, NW  
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Pioneer Political Action Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

Transaction ID : 4C73D2C3C7380D28D87

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pioneer Political Action Committee**

Mailing Address 701 8th Street, NW  
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Pioneer Political Action Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

**Transaction ID : 8EE3D8872008928D061**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Plaster for Congress**

Mailing Address PO Box 348

City Annapolis State MD Zip Code 21404

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Mark Leroy Plaster**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: MD District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

**Transaction ID : 0E50E666C067C3B3932**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Rob J. Portman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: OH District:

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

**Transaction ID : 74644C7904D1C6B979F**

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Price for Congress**

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Thomas E. Price M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	5

Transaction ID : D9034459B68C3C3428A

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Price for Congress**

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Thomas E. Price M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	5

Transaction ID : 6A3A8401EF3B02A0A80

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Promoting Our Republican Team PAC**

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244-2768

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Promoting Our Republican Team PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	5

Transaction ID : 0B79392B34DF5AE4137

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rely on Your Beliefs Fund**

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Rely on Your Beliefs Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : 955C3A1DE317C2BA5E8**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Republican Mainstreet Partnership PAC**

Mailing Address C/O G & W 2201 Wisconsin Ave., NW  
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Republican Mainstreet Partnership PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2015

**Transaction ID : F17CDE4647B5E4AA7F2**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Republicans Inspiring Success & Empowerment Project (RISE PROJECT)**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Republicans Inspiring Success & Empowerment Project (RISE PROJECT)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2015

**Transaction ID : 6937376C7A6898FC537**

Amount of Each Disbursement this Period

2500.00

**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"/> 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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Hanna for Congress Committee**

Mailing Address PO Box 118

City Utica State NY Zip Code 13503-0118

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Richard L. Hanna**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2015

**Transaction ID : 8C0E9C02C2812238BED**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Rob Wittman for Congress**

Mailing Address PO Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Robert Joseph Wittman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

**Transaction ID : 125E6462278EC16BCBA**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Rob Woodall for Congress**

Mailing Address Post Office Box 1871

City Lawrenceville State GA Zip Code 30046-1871

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Robert Woodall**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

**Transaction ID : F845270DCD8FB63BCBF**

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
**National Emergency Medicine Political Action Committee**

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  
2016 Primary

Category/  
Type

Candidate Name

**Rodney Lee Davis**

Office Sought:  House  
 Senate  
 President  
State: IL District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : A8A69053C5114DAD7F6**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Rodney for Congress**

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Rodney Lee Davis**

Office Sought:  House  
 Senate  
 President  
State: IL District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : EA17F9EC410313EEE6A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Rodney for Congress**

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Rodney Lee Davis**

Office Sought:  House  
 Senate  
 President  
State: IL District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 11CF222B07588641706**

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)

<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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Roskam for Congress Committee**

Mailing Address PO Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Peter James Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2015

**Transaction ID : E9D48BC6CD44DAC2709**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress Committee**

Mailing Address PO Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Peter James Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : 758181FD407DEE8EBCC**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Rothfus for Congress**

Mailing Address PO Box 435

City State Zip Code  
Sewickley PA 15143

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Keith James Rothfus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : 0E24D67F67E96C3D6D6**

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Ryan Costello for Congress

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381-3154

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Ryan A. Costello**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	5

Transaction ID : 351F4AFF1797374FEAA

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

### B. Ryan for Congress, Inc.

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Paul Davis Ryan Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	5

Transaction ID : 3CB8DF5E271750273E9

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

### C. Scalise for Congress

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183-3219

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Stephen Joseph Scalise**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	5

Transaction ID : B741042D8E503F2F022

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0



**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shore PAC**

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name  
**Shore PAC**

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

Transaction ID : **FAA8338BCBA415455CC**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Simpson for Congress**

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name  
**Michael Keith Simpson**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Contribution

State: ID District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

Transaction ID : **34B292CB28BC153776C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Stabenow for US Senate**

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name  
**Deborah Stabenow**

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Contribution

State: MI District:

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

Transaction ID : **D681130D1E5811AD800**

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stabenow for US Senate**

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Deborah Stabenow**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

**Transaction ID : 0682C3546594A806593**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Stand Tall America PAC (STAPAC)**

Mailing Address PO Box 2382

City Amarillo State TX Zip Code 79105

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Stand Tall America PAC (STAPAC)**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

**Transaction ID : C635268D1AA50EACA22**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Steve Israel for Congress Committee**

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Steven Jay Israel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	5

**Transaction ID : 8CC848F66CD9CA968CE**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steve Israel for Congress Committee**

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Steven Jay Israel**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

Transaction ID : 2AA21F3A2D491639CAD

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Steve Stivers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

Transaction ID : 25FA90FF652F3CA4831

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Ted Lieu for Congress**

Mailing Address 6380 Wilshire Blvd #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Ted W. Lieu**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : 0B9804D38A6EA3FD5F5

Amount of Each Disbursement this Period

1000.00

**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"/> 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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ted Lieu for Congress**

Mailing Address 6380 Wilshire Blvd #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name  
**Ted W. Lieu**

Office Sought:  House  
 Senate  
 President  
State: CA District: 33

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

**Transaction ID : 18C9D6B04F419A865CE**

Amount of Each Disbursement this Period

1000.00

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  
2015 Contribution

011

Category/  
Type

Candidate Name  
**Tenn Political Action Committee Inc (TENN PAC)**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

**Transaction ID : 12534D4EDEBC38AE7C3**

Amount of Each Disbursement this Period

2500.00

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  
2015 Contribution

011

Category/  
Type

Candidate Name  
**The Eye of the Tiger Political Action Committee**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : 88A0428B245290DBD49**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. The Eye of the Tiger Political Action Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2015

Mailing Address PO Box 2485

**Transaction ID : 2AE231B4381D25D3C4F**

City Springfield State VA Zip Code 22152-0485

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
2015 Contribution

011
Category/ Type

Candidate Name

**The Eye of the Tiger Political Action Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Full Name (Last, First, Middle Initial)

**B. The Freedom Project**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2015

Mailing Address 320 1st Street SE

**Transaction ID : D9BF866F0711145925A**

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
2015 Contribution

011
Category/ Type

Candidate Name

**The Freedom Project**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Full Name (Last, First, Middle Initial)

**C. The Reed Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2015

Mailing Address PO Box 8628

**Transaction ID : 7E56C16DC5A93A603A5**

City Cranston State RI Zip Code 02920

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
2020 Primary

011
Category/ Type

Candidate Name

**Jack Francis Reed**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) **Contribution**

State: RI District:

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

8500.00
---------

**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"/> 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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. The Richard Burr Committee**

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Richard M. Burr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : 69F965AF3A313877634

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Tiberi for Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patrick Joseph Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2015

Transaction ID : AED8902B25224705194

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Tim Murphy for Congress**

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Timothy Francis Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : 55A4B299BD13B0501FD

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tim Murphy for Congress**

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Timothy Francis Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	5

**Transaction ID : 295AB5DA3224BFA73A6**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Tim Scott for Senate**

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407-5305

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Timothy Eugene Scott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	5

**Transaction ID : C2DF87770637C07116F**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Tuesday Group Political Action Committee**

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Tuesday Group Political Action Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	5

**Transaction ID : FC7B5445472C7D95464**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

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

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

8	0	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0	0

8	0	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0	0

**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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Upton for All of Us**

Mailing Address PO Box 490

City State Zip Code  
St. Joseph MI 49085

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Fredrick Stephen Upton**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : 9B97951E904BBDE6DCB

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Vern Buchanan for Congress**

Mailing Address PO Box 48928

City State Zip Code  
Sarasota FL 34230

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Vernon Gale Buchanan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

Transaction ID : 99D4E4A33DA96876C7E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Vern Buchanan for Congress**

Mailing Address PO Box 48928

City State Zip Code  
Sarasota FL 34230

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Vernon Gale Buchanan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

Transaction ID : 47BA1A239144A527315

Amount of Each Disbursement this Period

1500.00

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

5000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vern Buchanan for Congress**

Mailing Address PO Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Vernon Gale Buchanan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	5

**Transaction ID : 5B7D46DD9537B8A243C**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Victory in November Election PAC (VINEPAC)**

Mailing Address 700 13th Street, NW Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Victory in November Election PAC (VINEPAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	5

**Transaction ID : 3089C147CC90593BC70**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Voice for Freedom**

Mailing Address 2700 Cumberland Parkway, Suite 150

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Voice for Freedom**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	5

**Transaction ID : A18972A52937210518D**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

6	0	0	0	0	0	0	0	0	0

6	0	0	0	0	0	0	0	0	0

**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)  
**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Volunteers for Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**John M. Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2015

Transaction ID : D0D2AB7302D97BBA593

Amount of Each Disbursement this Period

2500.00

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  
2016 Primary

011

Candidate Name

**Timothy L. Walberg**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2015

Transaction ID : 3C77E7DF7C61142D668

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Walberg for Congress**

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204-1362

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Timothy L. Walberg**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : C5ADD185CB8E3C75E2A

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Walden for Congress**

Mailing Address PO Box 1091

City: Hood River State: OR Zip Code: 97031-0037

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Gregory Paul Walden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

/  /

**Transaction ID : 4DE214C39FCBDEE747A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Walters for Congress**

Mailing Address C/O 8001 Irvine Center Drive, #400

City: Irvine State: CA Zip Code: 92618

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Mimi K. Walters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

/  /

**Transaction ID : 8788D1F0923652C3639**

Amount of Each Disbursement this Period

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  
2016 Primary

Category/  
Type

Candidate Name

**Brad R. Wenstrup**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

/  /

**Transaction ID : 97168B58EC5D747F3E1**

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)

<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)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wild and Wonderful PAC**

Mailing Address 332 W Lee Hwy  
# 303

City Warrenton State VA Zip Code 20186

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Wild and Wonderful PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) Contribution

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2015

**Transaction ID : AFFF3527761464B856A**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Wyden for Senate**

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Ron L. Wyden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Contribution

State: OR District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : 11E2BFAB5CC24DDA029**

Amount of Each Disbursement this Period

5000.00

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

Disbursement For:  
 Primary  General  
 Other (specify) Contribution

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

10000.00

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

526000.00