

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Emergency Department Practice Management Association PAC (EDPMA-PAC)

ADDRESS (number and street)

8405 Greensboro Drive

Suite 800

Check if different than previously reported. (ACC)

McLean

VA

22102

5120

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00388470

3. IS THIS REPORT

x

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2005

through

12

31

2005

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

Type or Print Name of Treasurer

Leslie J. Kerman

Signature of Treasurer

Electronically Filed by Leslie J. Kerman

Date

01

26

2006

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Emergency Department Practice Management Association PAC (EDPMA-PAC)

Report Covering the Period: From: ^M07 ^D01 ^Y2005 To: ^M12 ^D31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		10619.90
(b) Cash on Hand at Beginning of Reporting Period	14969.90	
(c) Total Receipts (from Line 19)	33416.28	41766.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48386.18	52386.18
<hr/>		
7. Total Disbursements (from Line 31)	5433.72	9433.72
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42952.46	42952.46
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	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. 02/2003)

Page 3

Write or Type Committee Name

Emergency Department Practice Management Association PAC (EDPMA-PAC)

Report Covering the Period: From: ^M07 ^D01 ^Y2005 To: ^M12 ^D31 ^Y2005

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)	32250.00	40500.00
(ii) Unitemized	100.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	32350.00	40700.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	33350.00	41700.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	66.28	66.28
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	33416.28	41766.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33416.28	41766.28

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	433.72	433.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	433.72	433.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	9000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (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))..	5433.72	9433.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5433.72	9433.72

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	33350.00	41700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33350.00	41700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	433.72	433.72
37. Offsets to Operating Expenditures (from Line 15, page 3)	66.28	66.28
38. Net Operating Expenditures (subtract Line 37 from Line 36)	367.44	367.44

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

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

FOR LINE NUMBER: PAGE 6 / 22

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

Full Name (Last, First, Middle Initial) A. Robert J. Abramowski		Date of Receipt M / D / Y 07 / 25 / 2005
Mailing Address 205D Wilkerson Road		Transaction ID: SA11A1.4233
City Knoxville	State TN	Zip Code 37822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Team Health	Occupation Exec. VP, Finance & Administration	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Susanna L. Brown		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 108 Horse Tree Plantation		Transaction ID: SA11A1.4267
City Madison	State AL	Zip Code 35757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Daniel & Yeager	Occupation Vice President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Joseph B. Gorman		Date of Receipt M / D / Y 10 / 05 / 2005
Mailing Address 1831 Regents Park Road		Transaction ID: SA11A1.4283
City Knoxville	State TN	Zip Code 37922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Team Health	Occupation President HCFS	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TN's Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Richard D. Carvath		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 718 McDonald Avenue		Transaction ID: SA11A1.4262
City Santa Rosa	State CA	Zip Code 95404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Team Health West	Occupation Executive VP	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. William Crags		Date of Receipt M / D / Y 09 / 28 / 2005
Mailing Address 101 Crescent Ridge		Transaction ID: SA11A1.4278
City Lafayette	State LA	Zip Code 70503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Schumacher Group	Occupation Executive Vice President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Randal L. Dabbs		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 105 Osprey Cove Court		Transaction ID: SA11A1.4255
City Lenoir City	State TN	Zip Code 37772-5899
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Southeastern Emergency Physicians	Occupation President & Chief Medical Officer	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts TN's Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 22

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

Full Name (Last, First, Middle Initial) A. Rita D. Eden		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 10328 Saint Regence Lane		Transaction ID: SA11A1.4299
City Knoxville	State TN	Zip Code 37822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Team Health	Occupation Vice President- Client Services	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. James E. George		Date of Receipt M / D / Y 07 / 25 / 2005
Mailing Address PO Box 298		Transaction ID: SA11A1.4290
City Woodbury	State NJ	Zip Code 08066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Team Health	Occupation President, Emerg. Physician Associates	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Audrey Grant		Date of Receipt M / D / Y 10 / 05 / 2005
Mailing Address 12332 Quiet Hollow Court		Transaction ID: SA11A1.4284
City Fairfax	State VA	Zip Code 22033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Team Health	Occupation Medical Director	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jonathan Grimes		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 101 Coyatee Circle		Transaction ID: SA11A1.4244
City Loudon	State TN	Zip Code 37774
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Team Health East	Occupation President, Emergency & Hosp. Services	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. John Hallman		Date of Receipt M / D / Y 10 / 05 / 2005
Mailing Address 24 Kelly Drive		Transaction ID: SA11A1.4285
City Marlton	State NJ	Zip Code 08053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Team Health	Occupation Executive Vice President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. William Haymann		Date of Receipt M / D / Y 07 / 18 / 2005
Mailing Address 403 Macawen Drive		Transaction ID: SA11A1.4238
City Osprey	State FL	Zip Code 34229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Team Health	Occupation Regional Medical Director	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 22

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

Full Name (Last, First, Middle Initial) A. Mark E. Jergens		Date of Receipt M / D / Y 07 / 25 / 2005
Mailing Address 1885 Terry Lane		Transaction ID: SA11A1.4231
City	State	Zip Code
Victor	MT	59875
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Team Health	Occupation President, Team Health Southwest	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. David P. Jones		Date of Receipt M / D / Y 12 / 14 / 2005
Mailing Address 1291 Kensington Drive		Transaction ID: SA11A1.4309
City	State	Zip Code
Knoxville	TN	37922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Team Health	Occupation Chief Financial Officer	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Robert Joyner		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 2901-28 Choto Road		Transaction ID: SA11A1.4242
City	State	Zip Code
Knoxville	TN	37922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Team Health	Occupation Executive General Counsel	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22

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

Full Name (Last, First, Middle Initial) A. Gary L. Keller		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address 109 Adair Lane		Transaction ID: SA11A1.4269
City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Schumacher Group	Occupation Executive VP	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Lynne Kolbran		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 224 Canada Verde		Transaction ID: SA11A1.4224
City San Antonio	State TX	Zip Code 78232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Alamo Physician Services	Occupation President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. John L. Lyman		Date of Receipt M / D / Y 08 / 29 / 2005
Mailing Address 1500 Ridgewray Road		Transaction ID: SA11A1.4296
City Dayton	State OH	Zip Code 45419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Premier Health Care	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 12 / 22

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

Full Name (Last, First, Middle Initial) A. John L. Lyman		Date of Receipt M / D / Y 09 / 16 / 2005
Mailing Address 1500 Ridgeway Road		Transaction ID: SA11A1.4293
City Dayton	State OH	Zip Code 45419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Premier Health Care	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Lynn Messingale		Date of Receipt M / D / Y 09 / 01 / 2005
Mailing Address 22000 Beals Chapel Road		Transaction ID: SA11A1.4295
City Lenoir City	State TN	Zip Code 37772
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4000.00
Name of Employer Team Health	Occupation President & CEO	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Ronald F. Matthews, Jr.		Date of Receipt M / D / Y 12 / 14 / 2005
Mailing Address 12351 Amberset Drive		Transaction ID: SA11A1.4311
City Farragut	State TN	Zip Code 37922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Team Health	Occupation Sr. Vice President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	5100.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 13 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Stephen J. Murtaugh		Date of Receipt M / D / Y 09 / 01 / 2005
Mailing Address 11 Buxton Court		Transaction ID: SA11A1.4253
City Mantua	State NJ	Zip Code 08051
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Emergency Physician Associates	Occupation CFO	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Randy Pilgrim		Date of Receipt M / D / Y 10 / 14 / 2005
Mailing Address 117 Canterbury Road		Transaction ID: SA11A1.4287
City Lafayette	State LA	Zip Code 70503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer The Schumacher Group	Occupation President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Neil Principe		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 14050 NW 14th Street Suite 180		Transaction ID: SA11A1.4240
City Et. Lauderdale	State FL	Zip Code 33323
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Team Health	Occupation President, Inphynet Hospital Services	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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)
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FOR LINE NUMBER: PAGE 14 / 22

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

Full Name (Last, First, Middle Initial) A. John H. Proctor		Date of Receipt M / D / Y 09 / 01 / 2005
Mailing Address 912 Grapevine Lane		Transaction ID: SA11A1.4294
City Nashville	State TN	Zip Code 37221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Southeastern Emerg. Physicians	Occupation Medical Director	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Matthew M. Rice		Date of Receipt M / D / Y 07 / 18 / 2005
Mailing Address 8320 Goodman Drive, NW		Transaction ID: SA11A1.4234
City Gig Harbor	State WA	Zip Code 98322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Team Health	Occupation Senior Vice President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Oliver Rogers		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address 5400 NE 33rd Avenue		Transaction ID: SA11A1.4228
City Et. Lauderdale	State FL	Zip Code 33308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Team Health	Occupation Executive VP	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Gregory S. Roth		Date of Receipt M / D / Y 07 / 18 / 2005
Mailing Address 7313 Nubbin Ridge Road		Transaction ID: SA11A1.4298
City Knoxville	State TN	Zip Code 37819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Team Health	Occupation President & COO	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. James J. Rybak		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 3878 North Valley Drive		Transaction ID: SA11A1.4260
City Fairview Park	State OH	Zip Code 44126-1770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Emergency Physician Associates	Occupation President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. William C. Schumacher		Date of Receipt M / D / Y 08 / 24 / 2005
Mailing Address 2439 Highway 754		Transaction ID: SA11A1.4297
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4000.00
Name of Employer The Schumacher Group	Occupation Chairman & CEO	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

SUBTOTAL of Receipts TN's Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mike Shea		Date of Receipt M / D / Y 12 / 14 / 2005
Mailing Address 881 D Denmark Street		Transaction ID: SA11A1.4308
City Knoxville	State TN	Zip Code 37831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Team Health	Occupation Senior VP, Corporate Development	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen D. Sherin		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address 8219 Glenrothes Boulevard		Transaction ID: SA11A1.4301
City Knoxville	State TN	Zip Code 37809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Team Health	Occupation Chief Compliance Officer	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. John R. Staley, Jr.		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 1900 Winston Road Suite 603		Transaction ID: SA11A1.4286
City Knoxville	State TN	Zip Code 37919-5608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Emergency Coverage Corporation	Occupation President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Cathy L. Vivino		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 1531 Yarmouth Point Drive		Transaction ID: SA11A1.4264
City Chesterfield	State MO	Zip Code 63017-5652
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Spectrum Healthcare Resources	Occupation President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Sandra Young		Date of Receipt M / D / Y 07 / 25 / 2005
Mailing Address 3600 Roundtop Road		Transaction ID: SA11A1.4228
City Steams	State KY	Zip Code 42647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Team Health	Occupation Vice President, Client Corp.	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	32250.00

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

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

FOR LINE NUMBER: PAGE 18 / 22

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. WAKE EMERGENCY PHYSICIANS PA PAC		Date of Receipt M / D / Y 09 / 22 / 2005
Mailing Address 543 KEISLER DR SUITE 202		Transaction ID: SA11C.4275
City	State	Zip Code
CARY	NC	27511
FEC ID number of contributing federal political committee. C C00412841		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

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

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

FOR LINE NUMBER:
(check only one)

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<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
	27		28a		28b		28c		29		30b

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

Full Name (Last, First, Middle Initial)
A. PNC Bank

Mailing Address 6805 Old Dominion Drive

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank Service Charge

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.4279
Date of Disbursement
09 / 30 / 2005

Amount of Each Disbursement this Period
68.61

Full Name (Last, First, Middle Initial)
B. PNC Bank

Mailing Address 6805 Old Dominion Drive

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank Service Charge

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.4281
Date of Disbursement
10 / 31 / 2005

Amount of Each Disbursement this Period
42.99

Full Name (Last, First, Middle Initial)
C. PNC Bank

Mailing Address 6805 Old Dominion Drive

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank Service Charge

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.4292
Date of Disbursement
11 / 30 / 2005

Amount of Each Disbursement this Period
23.29

SUBTOTAL of Disbursements This Page (optional) ▶ **134.89**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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

Full Name (Last, First, Middle Initial) A. PNC Bank		Transaction ID: SB21B.4312 Date of Disbursement 12 / 29 / 2005	
Mailing Address 6805 Old Dominion Drive		Amount of Each Disbursement this Period 89.84	
City McLean	State VA	Zip Code 22101	Category/ Type
Purpose of Disbursement Bank Fee			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. PNC Bank		Transaction ID: SB21B.4313 Date of Disbursement 12 / 29 / 2005	
Mailing Address 6805 Old Dominion Drive		Amount of Each Disbursement this Period 13.10	
City McLean	State VA	Zip Code 22101	Category/ Type
Purpose of Disbursement Bank Fee			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. PNC Bank		Transaction ID: SB21B.4314 Date of Disbursement 12 / 30 / 2005	
Mailing Address 6805 Old Dominion Drive		Amount of Each Disbursement this Period 22.82	
City McLean	State VA	Zip Code 22101	Category/ Type
Purpose of Disbursement Bank Fee			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	125.86
TOTAL This Period (last page this line number only)	▶	260.75

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN

Mailing Address PO BOX 10210

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement
Contribution

Candidate Name
JEFF BINGAMAN

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 Other (specify) ▼

State: NM District: D0

Transaction ID: SB23.4271
Date of Disbursement
09 / 14 / 2005

Amount of Each Disbursement this Period
1000.00

Category/
Type

Full Name (Last, First, Middle Initial)
B. DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93200

Purpose of Disbursement
Contribution

Candidate Name
DEVIN GERALD NUNES

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 Other (specify) ▼

State: CA District: 21

Transaction ID: SB23.4245
Date of Disbursement
07 / 13 / 2005

Amount of Each Disbursement this Period
1000.00

Category/
Type

Full Name (Last, First, Middle Initial)
C. HAROLD FORD JR FOR TENNESSEE

Mailing Address 5120 Barry Road
SUITE 1300

City Memphis State TN Zip Code 38117

Purpose of Disbursement
Contribution

Candidate Name
HAROLD JR FORD

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 Other (specify) ▼

State: TN District: 00

Transaction ID: SB23.4290
Date of Disbursement
12 / 15 / 2005

Amount of Each Disbursement this Period
1000.00

Category/
Type

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)

PAGE 22 / 22

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Emergency Department Practice Management Association PAC (EDPMA-PAC)

Full Name (Last, First, Middle Initial)
A. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 662185

City Franklin State TN Zip Code 37068

Purpose of Disbursement
Contribution

Candidate Name
MARSHA MRS. BLACKBURN

Office Sought: House Senate President
State: TN District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.4248
Date of Disbursement
07 / 13 / 2005

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. SANTORUM 2006

Mailing Address ONE TOWER BRIDGE SUITE 1440

City WEST CONSHOHOCKEN State PA Zip Code 19426

Purpose of Disbursement
Contribution

Candidate Name
RICHARD J SANTORUM

Office Sought: House Senate President
State: PA District 00

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.4272
Date of Disbursement
09 / 14 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	5000.00