03/08/2011 12:44

Image# 11930457206

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For Othe	er inan An	Autnorize	∌a Commi	ttee		Office U	Ise Only	
1.	NAME OF COMMITTEE (in full)		MAILING LAE OR PRINT		xample:If typing ver the lines	ng, type		• • • •		
L	National Emergency Medicine	e Political A	ction Committe	;e _						
\Box										
AD	DRESS (number and street)	1125 E	xecutive Circle							
	Check if different than previously reported. (ACC)	Irving					TX		75038	
2.	FEC IDENTIFICATION NUM	BER 🖫	,	CITY 🛕			STATE	4	ZIPCOD	E 🛕
	C00140061		:	3. IS THIS REPOR	т	NEW (N) OF	R X	AMENDED (A)	ı	
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:	`´R	onthly eport ue On:	Feb 20 (M2 Mar 20 (M3 Apr 20 (M4	3)	May 20 (M Jun 20 (M Jul 20 (M7	6)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Ă	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
	April 15 Quarterly Report(Q: July 15 Quarterly Report(Q: October 15 Quarterly Report(Q:	2) (c)	12-Day PRE-Election Report for the	on _	Primary (12	2P)	X Ge	neral (12G)	$\overline{}$	Runoff (12R)
	January 31 Quarterly Report(YE		E	Election on	11	02	2010		in the State of	TX
	July 31 Mid-Year Report(Non-electior Year Only) (MY) Termination Report (TER)		Post -Elect Report for the		General (3	0G)	Ru	noff (30R)	in the State of	Special (30S)
5.	Covering Period 1 0	0	201	0	through	1 (1 3	2010)	
	ertify that I have examined this For or Print Name of Treasurer	•	to the best of n Edans, CPA,		and belief it	is true, corre	ect and com	plete.		
Sig	nature of Treasurer Electron	nically Filed	l by Phyllis E	Edans, CPA,	CAE		Date	03 0	7	2011
NO	TE : Submission of false, error	neous, or in	complete infor	mation may s	ubject the pe	rson signing	this Report	to the penalties	s of 2 U.S.	.C 437g.
	Office Use			_					C FORN	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/63

677930.90

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

National Emergency Medicine Political Action Committee D D 1.0 10 0 1 2010 13 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 815920.52 January 1 (b) Cash on Hand at 777135.40 Begining of Reporting Period 95295.50 823590.67 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 872430.90 1639511.19 6(a) and 6(c) for Column B) 194500.00 961580.29 Total Disbursements (from Line 31)

Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)

(subtract Line 7 from Line 6(d))

Cash on Hand at Close of Reporting Period

0.00

677930.90

10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)

0.00

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 63

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

м м 1 0 D D 1

2010

To:

м м 1 0 D D 13

Y Y Y Y 2 0 1 0

I. Rec	ceipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other (a) Individuals/Pers			
Than Political C (i) Itemized (u	committees se Schedule A)	87143.00	1091794.45
(ii) Unitemized		8152.50	750932.35
(iii) TOTAL (ad Lines 11(a)	d (i) and (ii)	95295.50	818036.30
(b) Political Party C	committees	0.00	0.00
(c) Other Political (such as PACs (d) Total Contributi)	0.00	0.00
11(a)(iii),(b) and Totals to Line 3	d (c)) (Carry 3, page 5)	95295.50	818036.30
2. Transfers From Affil Party Committees	ated/Other	0.00	0.00
3. All Loans Received .		0.00	0.00
Loan Repayments R Offsets To Operating		0.00	0.00
(Refunds, Rebates, (Carry Totals to Line 6. Refunds of Contribu	37, page 5)	0.00	0.00
to Federal candidate Political Committees	s and Other	0.00	4800.00
Other Federal Recei (Dividends, Interest,	ots etc.)	0.00	754.37
8. Transfers from Non-	Federal and Levin Funds		
(a) Non-Federal Acc (from Schedule	ount H3)	0.00	0.00
(b) Levin Funds (from	n Schedule H5)	0.00	0.00
(c) Total Transfer (ad	dd 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add I 12, 13, 14, 15, 16, 1	Lines 11(d), 7, and 18(c))	95295.50	823590.67
0. Total Federal Receip (subtract Line 18(c) f	ts rom Line 19)	95295.50	823590.67

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 63

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	154500.00	915000.00
Independent Expenditure		
(use Schedule E)	40000.00	40000.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	0.00	6580.29
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	194500.00	961580.29
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	194500.00	961580.29
		501000.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 63

	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)	95295.50	818036.30
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	95295.50	818036.30
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any perso g the name and address of any political committee to itical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lance Frederick Allgower Mailing Address 513 Dragon Gate	Ct	Date of Receipt 1 0 0 7 2 0 1 0
City Henderson	State Zip Code NV 89012-7279	Transaction ID: C1131738 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EPMG St Rose Dominican Ho- sp Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Leigh Anderson Anderson Barrow Mailing Address 2131 E 25th St	•	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tulsa FEC ID number of contributing federal political committee.	State Zip Code OK 74114-2913	Transaction ID: C1131574 Amount of Each Receipt this Period 1000.00
Name of Employer emergency medicine physicians Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Benjamin D Armstrong, MD Mailing Address 12 Naomi Ln		Date of Receipt
City East Lyme	State Zip Code CT 06333-1423	Transaction ID: C1131576 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Cooper Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Jerome Augustine Mailing Address 715 Yankee Trace Dr City Dayton FEC ID number of contributing federal political committee. Name of Employer EMP Ltd - Dir Clinical Opert Receipt For: Primary General Other (specify)	State Zip Code OH 45458-3999 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Neal Finley Aulick, II Mailing Address 11 Aaronwoods Ct City Wheeling FEC ID number of contributing federal political committee. Name of Employer EMP of Ohio Co PLLC Receipt For: Primary General Other (specify)	State Zip Code WV 26003-9358 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 7 2 0 1 0 Transaction ID: C1131699 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dominic Joseph Bagnoli, Jr Mailing Address 50 East Dr City Hartville FEC ID number of contributing federal political committee. Name of Employer Emer Med Phys Ltd Receipt For: Primary General Other (specify)	State Zip Code OH 44632-8890 C Occupation Emergency Physician Aggregate Year-to-Date 5000.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 7 2 0 1 0 Transaction ID: C1131737 Amount of Each Receipt this Period 4000.00
SUBTOTAL of Receipts This Page (optional)		6000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 17
C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Mark Baker			Date of Receipt
	Mailing Address 34 Puukani Pl City	State	Zip Code	1 0 0 7 2 0 1 0 Transaction ID: C1131698
	Kailua	HI	96734-2928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Pali Momi Med Ctr	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) Joseph Betro			Date of Receipt
	Mailing Address 41718 Chesterfield C	t		10 07 2010
	City	State	Zip Code	Transaction ID: C1131549
	Novi	MI	48375-4787	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ER one	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	1
_ C.	Full Name (Last, First, Middle Initial) William A Biggers, Jr			Date of Receipt
	Mailing Address 2321 Crestview dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1130726
	New Bern FEC ID number of contributing federal political committee.	C	28562-9059	Amount of Each Receipt this Period 1000.00
	Name of Employer EMP of Pasquotank	Occupation Emerger	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	_ ' 	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			3000.00
	TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 63 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions
National Emergency Medicine Polit	ical Action Com	mittee	
Full Name (Last, First, Middle Initial) James Bonz			Date of Receipt
Mailing Address 109 Dunk Rock Rd	10 07 2010		
City <u>Guilford</u>	State CT	Zip Code 06437-2508	Transaction ID: C1130963 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Yale New Haven Med Ctr	Occupation Emergend	cy Physician	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Keith Thomas Borg			Date of Receipt
Mailing Address 145 Oyster Point R	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Charleston	State SC	Zip Code 29412-3632	Transaction ID: C1130680 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	29412-0032	100.00
Name of Employer Med Univ of SC	Occupation Emergence	cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 850.01	
Full Name (Last, First, Middle Initial) John C Braaten			Date of Receipt
Mailing Address 164 Jordan Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Delmar	State NY	Zip Code	Transaction ID: C1131696
FEC ID number of contributing federal political committee.	C	12054-4137	Amount of Each Receipt this Period 750.00
Name of Employer Samaritan Hosp	Occupation Emergend	cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional	.h		1350.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politic	al Action Com	nmittee	
	Full Name (Last, First, Middle Initial) Jennifer H Bradstreet			Date of Receipt
	Mailing Address 106 E Olive Ct			10 07 2010
	City	State	Zip Code	Transaction ID: C1130960
	Atlantic Bch	NC	28512-6529	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer EMP	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Wallace Monroe Broadbent			Date of Receipt
	Mailing Address 9887 Q Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City S		Zip Code	Transaction ID: C1132505
	Mattawan	MI	49071-9435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kalamazoo Emer Assoc	_ ·	cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		400.00	
_	Full Name (Last, First, Middle Initial) Robert I I Broida			Date of Receipt
	Mailing Address PO Box 5404			10 07 2010
	City	State	Zip Code	Transaction ID: C1131736
	Akron	OH	44334-0404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. Robert I Broida	Occupation Emergen	ո cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		1600.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Charles	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 63 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Vanessa M Brown Mailing Address 59 Cady St City Stamford FEC ID number of contributing federal political committee. Name of Employer Stamford Hosp	State CT C	Zip Code 06907-2404 on ncy Physician	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Receipt For: Primary General Other (specify) ▼	, i – –	e Year-to-Date ▼ 750.00	
В.	Full Name (Last, First, Middle Initial) Craig A Bryant Mailing Address PO Box 3144 City	State	Zip Code	Date of Receipt M
	Groton FEC ID number of contributing federal political committee.	CT	06340-8201	Amount of Each Receipt this Period 500.00
	Name of Employer Lawrence and Meml Hosp Receipt For: Primary General Other (specify)	- '	on ncy Physician e Year-to-Date ▼ 500.00	
_ С.	Full Name (Last, First, Middle Initial) Jorge L Cambo Mailing Address 1143 Raintree Pl			Date of Receipt 1 0 1 3 2 0 1 0
	City Winter Park	State FL	Zip Code 32789-2563	Transaction ID: C1132507 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		8.00
	Name of Employer Emer Phys Spec Receipt For:	, ' 	on ncy Physician e Year-to-Date ▼	
	Primary General Other (specify) ▼	1.991.09410	1016.33	
	SUBTOTAL of Receipts This Page (optional) .			1258.00
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 63 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Timothy John Carr			Date of Receipt
Mailing Address 4304 Gray Heron D	10 07 2010		
City N Myrtle Bch	State SC	Zip Code 29582-9524	Transaction ID: C1131694 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Dr. Timothy John Carr	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) L Anthony Cirillo			Date of Receipt
Mailing Address 91 Woodridge Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City State		Zip Code	Transaction ID: C1130730
Saunderstown	RI	02874-1943	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Emer Med Phys	Occupation Emergen	n icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Orion J Colfer			Date of Receipt
Mailing Address 2523 Hanover Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Richmond	State VA	Zip Code 23220-4003	Transaction ID: C1130954 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20220 4000	1000.00
Name of Employer EMP	Occupation Emergen	n ncy Physician	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional			2500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 63 (check only one) X	
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any person g the name and address of any political committee to sitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Christopher Corbit Mailing Address 1075 Mornington (Cir	Date of Receipt	
City Uniontown FEC ID number of contributing federal political committee.	State Zip Code OH 44685-6244	Transaction ID: C1131693 Amount of Each Receipt this Period 1000.00	
Name of Employer Akron Gen Med Ctr Dept of EM Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 1100.00		
Full Name (Last, First, Middle Initial) Kevin Corrigan Mailing Address 160 Castaway Trl		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: C1130947	
Mooresville FEC ID number of contributing federal political committee.	NC 28117-9675	Amount of Each Receipt this Period	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Timothy Corvino, MD		Date of Receipt	
Mailing Address Gaston Mem Hosp Dept of EM 2525 (10 07 2010	
City <u>Gastonia</u>	State Zip Code NC 28054	Transaction ID: C1131734 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C 20034	1000.00	
Name of Employer Gaston Mem Hosp	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (option	nal)	3000.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any person the name and address of any political committee to si ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stephen R Dannewitz Mailing Address PO Box 373169 City Key Largo FEC ID number of contributing federal political committee. Name of Employer Dr. Stephen R Dannewitz Receipt For: Primary General Other (specify)	State Zip Code FL 33037-8169 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: C1131692 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Jesse Mark DiRando Mailing Address 33531 Royal St Ge City Avon FEC ID number of contributing federal political committee. Name of Employer Emerg Med Physicians Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joseph Mark Dougherty Mailing Address 12 Beechwood Dr City Wheeling FEC ID number of contributing federal political committee. Name of Employer Ohio Valley Med Ctr Receipt For: Primary General Other (specify)	State Zip Code WV 26003-6608 C Occupation Emergency Physician Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 0 7 2 0 1 0 Transaction ID: C1130907 Amount of Each Receipt this Period 750.00
SUBTOTAL of Receipts This Page (optional	l) >	2750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 63 (check only one) X 11a 11b 11c 12
	d Statements may not be sold or used by any personant be name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Carolyn Stacy Dutton		Date of Receipt
Mailing Address 837 Park Slope Dr City	State Zip Code	1 0 0 7 2 0 1 0 Transaction ID: C1131691
Charlotte	NC 28209-2049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Dr. Carolyn Stacy Dutton	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Clifford Erickson		Date of Receipt
Mailing Address 31 Forest Dr		10 07 7 2010
City	State Zip Code	Transaction ID: C1130903
Voorheesville	NY 12186-9530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Dr. Clifford Erickson	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1750.01	
Full Name (Last, First, Middle Initial) Robert J Faflik	-	Date of Receipt
Mailing Address 5497 Governors Ave		10 07 2010
City	State Zip Code	Transaction ID: C1131684
Canton	OH 44718-1455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Emerg Med Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Descript This Description)	1800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 63 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Robert R Farquharson		Date of Receipt
Mailing Address 6707 Wakehurst Rd		10 07 2010
City Charlotte	State Zip Code NC 28226-5565	Transaction ID: C1131727
FEC ID number of contributing federal political committee.	NC 28226-5565	Amount of Each Receipt this Period 1000.00
Name of Employer Emerg Med Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Bernard Joseph Ferguson, IV Mailing Address 81 Pearl St		Date of Receipt
		10 07 2010
City	State Zip Code	Transaction ID: C1131682
Groton	CT 06340-5762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Lawrence & Mem Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Russell J Firman		Date of Receipt
Mailing Address 112 Woodberry Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1131723
<u>Fayetteville</u>	NY 13066-1746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Cortland Regl Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)	2000.00

TEMIZED RECEIPTS for each category of the		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any persodress of any political committee to		
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee		
Full Name (Last, First, Middle Initial) Gary P Foley			Date of Receipt	
Mailing Address 1119 Denney Dr			M M / D D / Y Y Y Y Y 1 D D D D D D D D D D D D D D	
City	State	Zip Code	Transaction ID: C1130679	
<u>Duluth</u>	MN	55805-1539	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer SMDC ED	Occupatio	n ncy Physician		
Receipt For:		e Year-to-Date	_	
Primary General Other (specify) ▼	, aggregate	250.00		
Full Name (Last, First, Middle Initial) William R Fraser	<u> </u>		Date of Receipt	
Mailing Address 390 Delaneys Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: C1130900	
<u>Powell</u>	ОН	43065-7543	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer Doctors Hosp	Occupatio Emerger	n ncy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Anita Marie Gage			Date of Receipt	
Mailing Address 2174 N Hametown Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: C1131681	
Akron	ОН	44333-1026	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer EMP Ltd	Occupatio Emerger	n ncy Physician		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1100.00		
SUBTOTAL of Receipts This Page (optional)			1750.00	

TEMIZED RECEIPTS Use separate schedule(s for each category of the Detailed Summary Page			FOR LINE NUMBER: PAGE 18 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Michael David Garfinkel			Date of Receipt
Mailing Address 1677 Beechwood Blvd			10 07 YYYY 2010
City	State	Zip Code	Transaction ID: C1130896
Pittsburgh	PA	15217-1433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer EMP of Allegheny Co	Occupation Emerger	n ncy Physician	
Receipt For:	, '	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00]
Full Name (Last, First, Middle Initial) Heather R Godale	ı		Date of Receipt
Mailing Address 447 Malvern Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1131643
Akron	OH	44303-1737	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Massillon Comm Hosp	Occupation Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Carl Goodman	<u> </u>		Date of Receipt
Mailing Address 5 Heidi Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1130731
Mount Sinai	NY	11766-1428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Brookhaven Mem Hosp	Occupation Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 63 (check only one) X 11a 11b 11c 12
· · ·	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Jason Greenbaum		Date of Receipt
Mailing Address 77 Soundview Ave	2.01	10 07 2010
City Stamford	State Zip Code CT 06902-6111	Transaction ID: C1131642
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Emer Med Phys	Occupation Emergency Physician	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Alexander Grinshpun		Date of Receipt
Mailing Address 28 Holloway Ln		10 13 7 2010
City	State Zip Code	Transaction ID: C1131755
Averill Park	NY 12018-9675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr Alexander Grinshpun	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Maya R Heinert		Date of Receipt
Mailing Address 1532 37th St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1131605
Sacramento	CA 95816-6704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Emerg Med Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	l)	2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports at	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 63 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Terry Glenn Hensley Mailing Address 3116 Rolston Rd		Date of Receipt 1 0 0 7 2 0 1 0
City Greenville	State Zip Code NC 27858-6255	Transaction ID: C1131604 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EMP of Craven County PLLC Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Keia Hewitt Mailing Address 3321 Luke Crossing	g Dr	Date of Receipt 1 0 0 1 2 0 1 0
City Charlotte FEC ID number of contributing	State Zip Code NC 28226-3359	Transaction ID: C1130732 Amount of Each Receipt this Period 1000.00
name of Employer CMC Union Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Edwin M Hinton, IV	I	Date of Receipt
Mailing Address 19748 Catherine Lr	1	10 07 YYYY 2010
City Tinley Park	State Zip Code IL 60487-4433	Transaction ID: C1131732 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer St James Olympia Fields	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	3000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 21 / 63 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Politi	ical Action Com	imittee	
Full Name (Last, First, Middle Initial) Lisa Dianne Hrutkay			Date of Receipt
Mailing Address 1464 Stoolfire Rd			10 07 2010
City	State	Zip Code	Transaction ID: C1130894
Valley Grove	WV	26060-7934	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer EMSTAR OVMC	Occupation		
		cy Physician	\dashv
Receipt For: Primary General	Aggregate	Year-to-Date ▼	-
Other (specify)	0 0	1000.00	
Full Name (Last, First, Middle Initial) Bogdan M Irimies			Date of Receipt
Mailing Address 640 Penn St			10 07 2010
City	State	Zip Code	Transaction ID: C1131601
Charlotte	NC	28203-4154	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Piedmont Hosp	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Richard Lee Jablow			Date of Receipt
Mailing Address 60 Palisade Ter			10 13 2010
City	State	Zip Code	Transaction ID: C1131751
Glastonbury	CT	06033-3144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Emer Med Phys	Occupation Emergen	n cy Physician	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optiona	l)		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 63 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Janikas Mailing Address 43 Outlook Dr S			Date of Receipt
City Mechanicville FEC ID number of contributing	State NY	Zip Code 12118-3642	Transaction ID: C1131598 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	_ , '	n icy Physician e Year-to-Date ▼ 1000.00	1000.00
Full Name (Last, First, Middle Initial) Bruce G Jones Mailing Address 465 Woodard PI			Date of Receipt M
City	State	Zip Code	Transaction ID: C1130891
Powell FEC ID number of contributing federal political committee.	C	43065-7448	Amount of Each Receipt this Period 500.00
Name of Employer Emerg Med Phys Receipt For:		n ocy Physician • Year-to-Date ▼	
Primary General Other (specify)	- iggi ogalo	500.00	
Full Name (Last, First, Middle Initial) Brian M Kelley			Date of Receipt
Mailing Address 1528 Mount Isle Ha	rbor Dr		10 07 2010
City Charlotte	State NC	Zip Code 28214-5402	Transaction ID: C1131595 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	101111111111111111111111111111111111111	500.00
Name of Employer Gaston Memorial Hosp		cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	<u>.</u>		2000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 63 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	r not be sold or used by any persolates of any political committee to	n for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	ical Action Com	nmittee	
Full Name (Last, First, Middle Initial) Jayne M Kendall			Date of Receipt
Mailing Address 1016 Tomshire Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1131730
Gastonia	NC	28056-2204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer EMP of Gaston County	Occupation Emergen	n cy Physician	
Receipt For:	 	Year-to-Date ▼	-
Primary General Other (specify) ▼	riggrogato	1000.00	
Full Name (Last, First, Middle Initial) Robert Haig Kezirian	I		Date of Receipt
Mailing Address 2124 W Rue St Mic	hel		10 07 2010
City	State	Zip Code	Transaction ID: C1131721
Fresno	CA	93711-1260	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Childrens Hosp Central CA	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Tara L Kiger			Date of Receipt
Mailing Address 1004 Crabtree Cir			M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City	State	Zip Code	Transaction ID: C1130887
New Bern	NC	28562-8338	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Tara L Kiger, MD	Occupation Emergen	n cy Physician	7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	ne name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kevin Michael Klauer Mailing Address 4281 Glenmoor Rd N	W State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Canton FEC ID number of contributing	OH 44718-2255	Amount of Each Receipt this Period 1000.00
Receipt For: Primary Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1100.00	
Full Name (Last, First, Middle Initial) Stanley E Koontz Mailing Address 1174 Cool Springs Re	d	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code NC 28527-9413	Transaction ID: C1131593
Ernul FEC ID number of contributing federal political committee.	NC 28527-9413	Amount of Each Receipt this Period 500.00
Name of Employer Craven Regl Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ronald E Kurzejka		Date of Receipt
Mailing Address 2483 Potters Turn		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kankakee	State Zip Code IL 60901-7392	Transaction ID: C1130885 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Provena St Marys Trauma Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional)	1	2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persoress of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Com	mittee	
Full Name (Last, First, Middle Initial) Norman Label			Date of Receipt
Mailing Address PO Box 846			M M / D D / Y Y Y Y Y Y 1 1 0 1 0 7 2 0 1 0
City	State	Zip Code	Transaction ID: C1131591
Nevada City	CA	95959-0846	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Emer Phys Med Grp Inc	Occupation	cy Physician	_
Receipt For:		Year-to-Date ▼	_
Primary General Other (specify) ▼	- iggi oguto	1100.00	
Full Name (Last, First, Middle Initial) Peter R Later	<u> </u>		Date of Receipt
Mailing Address 64 Windward Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1130884
Waterford	СТ	06385-3216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Dr. Peter R Later	Occupation Emergen	o cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Donald Lombino			Date of Receipt
Mailing Address 111A Connecticut Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1130729
Greenwich	CT	06830-5710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer The Stamford Hosp	Occupation Emergen	oy Physician	
Receipt For: Primary General Other (specify) ▼	_ <u> </u>	Year-to-Date ▼ 1100.00	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	3000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 63 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pole	g the name and addr	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ricardo Machado			Date of Receipt
Mailing Address 886 Polaris Cross City Westerville	State OH	Zip Code 43081-8974	Transaction ID: C1130709 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Emer Med Phys Receipt For: Primary General Other (specify) ▼		ey Physician Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Merci G Madar Mailing Address 501 Leeward Ln			Date of Receipt 1 0 0 1 2 0 1 0
City	State	Zip Code	Transaction ID: C1130681
Enola	PA	17025-1348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Dr. Merci G Madar	Occupation Emergend	y Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Kevin D Markowski	l		Date of Receipt
Mailing Address 572 White Tail Rid	dge Dr		10 01 2010
City	State	Zip Code	Transaction ID: C1130728
Fairlawn FEC ID number of contributing federal political committee.	C	44333-3288	Amount of Each Receipt this Period 250.00
Name of Employer Emerg Med Phys	Occupation Emergend	y Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/63 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	ical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Katherine Mayer			Date of Receipt
Mailing Address 234 Magnolia Ave			10 13 2010
City Charlotte	State NC	Zip Code 28203-5638	Transaction ID: C1131753 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20200 0000	500.00
Name of Employer Emergency Medicine Physic- ians	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) John McCourt			Date of Receipt
Mailing Address 9436 Steeplehill Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1131590
Las Vegas	NV	89117-7270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer EPMG	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Edward McCutcheon			Date of Receipt
Mailing Address 1241 Princeton Ave			10 07 2010
City	State	Zip Code	Transaction ID: C1130881
Charlotte FEC ID number of contributing federal political committee.	NC C	28209-1429	Amount of Each Receipt this Period 250.00
Name of Employer PEMA	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 63 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Policy	g the name and addi	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Stephen W Meldon Mailing Address 2918 Bunnell Ct			Date of Receipt
City Cleveland FEC ID number of contributing federal political committee.	State OH	Zip Code 44113-3039	Transaction ID: C1130711 Amount of Each Receipt this Period 500.00
Name of Employer Emergency Medicine Physicians Receipt For: Primary General Other (specify) ▼		ey Physician Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Tressa Naik Mailing Address 17 Summit Walk T	-rl		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Henderson FEC ID number of contributing federal political committee.	State NV	Zip Code 89052-6696	Transaction ID: C1131718 Amount of Each Receipt this Period 1000.00
Name of Employer St Rose Dominican Receipt For: Primary General Other (specify) ▼	- '	ey Physician Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Jonathan C Neuman Mailing Address 1104 Berwick Ct	I		Date of Receipt 1 0 0 7 2 0 1 0
City Waxhaw FEC ID number of contributing federal political committee.	State NC	Zip Code 28173-6547	Transaction ID: C1131716 Amount of Each Receipt this Period 1000.00
Name of Employer Emer Med Phys Receipt For: Primary General Other (specify)		ey Physician Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)		2500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 63 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Po	and Statements may not be sold or used by any persong the name and address of any political committee to litical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Elliot S Nipomnick		Date of Receipt
Mailing Address 509 Woodland Ro	I	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1131715
Kentfield	CA 94904-2637	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Chinese Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Jeffrey G Norvell		Date of Receipt
Mailing Address 5345 Norwood St		M M / D D / Y Y Y Y Y 1 1 0 0 6 2 0 1 0
City	State Zip Code	Transaction ID: C1103367
Fairway	KS 66205-2647	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University of Kansas Hosp- ital	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Susan A O'Malley	I	Date of Receipt
Mailing Address 6 Prospect Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1131589
Brentwood	NY 11717-2352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Brookhaven Mem Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receipts This Page (april)	nal)	1750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 16
A	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any perse e name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
	Full Name (Last, First, Middle Initial) David Ryan Obert		Date of Receipt
	Mailing Address 862 Rainbolt Ln		1 0 0 7 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: C1130879
	Henderson	NV 89052-0445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Univ Med Ctr	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) William P Olivieri	1	Date of Receipt
	Mailing Address 1 Musky Ridge Dr		10 01 2010
	City	State Zip Code	Transaction ID: C1126323
	Hackettstown	NJ 07840-1750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Hackettstown Cmnty Hosp	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
_	Full Name (Last, First, Middle Initial) Michael B Osmundson		Date of Receipt
	Mailing Address 6123 Oakbridge Dr		10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: C1131713
	Granite Bay	CA 95746-9687	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer GEPS	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
			2025.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements mand add	y not be sold or used by any perso dress of any political committee to	
National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Gregory L Oswald			Date of Receipt
Mailing Address 5829 Sylmar Dr			10 07 2010
City	State	Zip Code	Transaction ID: C1130877
Broadview Hts	OH	44147-2200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		700.00
Name of Employer Gregory L Oswald, MD	Occupatio Emerger	n ncy Physician	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	700.00]
Full Name (Last, First, Middle Initial) David C Packo			Date of Receipt
Mailing Address 4535 Dressler Rd NW Emer Med Phys			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1130712
<u>Canton</u>	OH	44718-2545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Emer Med Phys	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Lawrence Neil Payne			Date of Receipt
Mailing Address 9929 S 85th E Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1130876
Tulsa	OK	74133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer EMP	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional)			2700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 63 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Daniel L Pendleton Mailing Address 95 Blaven Dr City	State	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Henderson FEC ID number of contributing federal political committee.	NV C	89002-0515	Amount of Each Receipt this Period
Name of Employer EPMG Receipt For: Primary General Other (specify) ▼	_ '	n ncy Physician e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) John Perrin Mailing Address 250 Hosp Dr Lexington Meml Hos City	sp State	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Lexington FEC ID number of contributing federal political committee. Name of Employer Emory Univ Schl of Med Receipt For: Primary General		nncy Physician	Amount of Each Receipt this Period 1000.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Shawn L Posin Mailing Address 13 Lynwood Ave	0 0	1000.00	Date of Receipt
City Wheeling FEC ID number of contributing federal political committee.	State WV	Zip Code 26003-5948	Transaction ID: C1130714 Amount of Each Receipt this Period 500.00
Name of Employer Dr. Shawn L Posin Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional))		2500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Con	nmittee		
Α.	Full Name (Last, First, Middle Initial) Carol H Roeder Mailing Address 10 Fernbank Ave			Date of Receipt	
				10 07 2010	
	City Delmar	State NY	Zip Code 12054-4003	Transaction ID: C1130870 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		1000.00	
	Name of Employer Albany Mem Hosp	Occupatio Emerger	n ncy Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00		
– В.	Full Name (Last, First, Middle Initial) Marilyn J Rogers			Date of Receipt	
	Mailing Address 105 Riverpoint Rd			10 05 2010	
	City	State	Zip Code	Transaction ID: C1131742	
	Signal Mtn FEC ID number of contributing federal political committee.	C	37377-2237	Amount of Each Receipt this Period 250.00	
	Name of Employer Erlanger North Hosp ED	Occupatio Emerger	n ncy Physician		
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00]	
С. С.	Full Name (Last, First, Middle Initial) B Joshua Rubin				
	Mailing Address 3300 Douglas Blvd EMP			10 07 2010	
	City Roseville	State CA	Zip Code 95661-3841	Transaction ID: C1131588	
	FEC ID number of contributing federal political committee.	C	93001-3041	Amount of Each Receipt this Period 1000.00	
	Name of Employer EMP	Occupatio Emerger	n ncy Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00		
	SUBTOTAL of Receipts This Page (optional) .			2250.00	
	TOTAL This Period (last page this line number		<u> </u>		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 63 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Steven P Rudis			Date of Receipt
Mailing Address 9796 Diversified Ln City	State	Zip Code	1 0 0 7 2 0 1 0 Transaction ID: C1130869
Ellicott City	MD	21042-1792	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer EMP	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Lawrence J Satkowiak Mailing Address 2807 W Decatur Av	/e		Date of Receipt
			10 07 2010
City	State	Zip Code	Transaction ID: C1131586
Fresno	CA	93711-0356	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Lawrence J Satkowiak , MD		cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Steven J Schorer	'		Date of Receipt
Mailing Address 9215 Stollwood Ct			10 07 YYYY 10 07 2010
City	State	Zip Code	Transaction ID: C1131584
Granite Bay	CA	95746-6753	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Mercy San Juan Hosp	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	<u> </u>		3000.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	X 11a 11b 11c 12
	d Statements may not be sold or used by any p the name and address of any political committe	erson for the purpose of soliciting contributions see to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Chet D Schrader		Date of Receipt
Mailing Address 3249 Forestbrook D		10 07 2010
City	State Zip Code	Transaction ID: C1104869
Richardson	TX 75082-2691	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer WA Univ Schl of Med	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) David W Schroeder	-1	Date of Receipt
Mailing Address 5965 Greenbriar Rd		10 07 2010
City	State Zip Code	Transaction ID: C1131706
Franklin	TN 37064-9280	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Dr. David W Schroeder	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Sydney E Shrader		Date of Receipt
Mailing Address 259 State St		10 07 YYYY 10 07 2010
City	State Zip Code	Transaction ID: C1130867
Albany	NY 12210-2101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Samaritan Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional))	2050.00

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 63		
	TEMIZED RECEIPTS		for each category of the	(check only one)		
•			Detailed Summary Page	X 11a 11b 11c 12		
<i>A</i>	ny information copied from such Reports and St	statements may	not be sold or used by any perso	13 14 15 16 16 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19		
Ċ	r for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)	L Action Com	umittoo			
	National Emergency Medicine Political	ACTION CON	imiliee			
	Full Name (Last, First, Middle Initial) Suzy Schneider Shukovsky			Date of Receipt		
	Mailing Address 41 Old Hwy			10 07 YYYYY 2010		
	City	State	Zip Code	Transaction ID: C1130865		
	Wilton	CT	06897-3114	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer EMP of Fairfield LLC	Occupation Emergen	n cy Physician			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	' '	1100.00	1		
	Other (specify)	0 0		1		
	Full Name (Last, First, Middle Initial) Rhett Silver			Date of Receipt		
-	Mailing Address 1 E Delaware PI			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C1131583		
	<u>Chicago</u>	IL	60611-4982	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Emer Med Phys	Occupation	n cy Physician			
	Receipt For:	, ' <u> </u>	Year-to-Date $lacktrian$			
	Primary General	riggregate		1		
	Other (specify) ▼		1000.00			
_ ;.	Full Name (Last, First, Middle Initial) Mark Slabinski			Date of Receipt		
•	Mailing Address 4535 Dressler Rd NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C1130718		
	Canton	ОН	44718-2545	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Dr. Mark Slabinski	Occupation Emergen	n cy Physician			
	Receipt For:		Year-to-Date ▼			
	Primary General	' '	1000.00	1		
	Other (specify) ▼			1		
Г						
	SUBTOTAL of Receipts This Page (optional)			3000.00		
\vdash	1 3 (1 /			-		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 63 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
National Emergency Medicine Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Gregory M Smith		Date of Receipt
Mailing Address 10222 Questa Ct		10 01 7 2010
City	State Zip Code	Transaction ID: C1130716
Wadsworth	OH 44281-8864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EMP	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Trent W Smith	•	Date of Receipt
Mailing Address 9393 E Palo Brea B	and	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1130719
<u>Scottsdale</u>	AZ 85255-6508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Alle-Kiski Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Daniel Snediker		Date of Receipt
Mailing Address 563 Ocean Ave		10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1131705
New London	CT 06320-4534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EMP of New London	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
SUBTOTAL of Receipts This Page (optional])	2500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Joshua Stillman Mailing Address 275 W 96th St City New York FEC ID number of contributing federal political committee. Name of Employer NY Presbyterian Hosp Receipt For: Primary General Other (specify)		Zip Code 10025-6263 n ncy Physician e Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Richard Clark Stuntz, Jr Mailing Address 4 Courageous St City Clover FEC ID number of contributing federal political committee. Name of Employer EMP Receipt For: Primary General Other (specify)	, ' -	Zip Code 29710-9281 n ncy Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 7 2 0 1 0 Transaction ID: C1131582 Amount of Each Receipt this Period 500.00
_ C.	Full Name (Last, First, Middle Initial) Mark J J Tamsen Mailing Address	State CA C Occupation Emergen	Zip Code 92137-0630 n nicy Physician Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		<u> </u>	700.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 63 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Con	nmittee	
۸.	Full Name (Last, First, Middle Initial) Jerry Albert Taylor			Date of Receipt
	Mailing Address 761 Stonebridge Dr			10 07 2010
	City Irwin	State PA	Zip Code 15642-1934	Transaction ID: C1131581 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10072 1007	1000.00
	Name of Employer EMP	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Donovan Thompson	<u> </u>		Date of Receipt
	Mailing Address 4408 Lake Shore Rd	N		10 07 Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1131580
	Denver	NC	28037-9198	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer PEMA	Occupation Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1100.00	
	Full Name (Last, First, Middle Initial) Melinda S Threlkeld			Date of Receipt
	Mailing Address 3208 Selwyn Farms I	_n		10 01 YYYY 2010
	City	State	Zip Code	Transaction ID: C1130720
	Charlotte FEC ID number of contributing federal political committee.	NC C	28209-4056	Amount of Each Receipt this Period 260.00
	Name of Employer Gaston Mem Hosp	Occupatio	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	_ ' 	e Year-to-Date ▼ 260.00	
	SUBTOTAL of Receipts This Page (optional)			2260.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 63 (check only one) X 11a
,	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may no ne name and addres	t be sold or used by any pers s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Commi	ttee	
۸.	Full Name (Last, First, Middle Initial) Wendy Joy Toole Mailing Address 1 Crooked Bow Path			Date of Receipt
				10 07 2010
	City Mattapoisett	State MA	Zip Code 02739-1111	Transaction ID: C1130859 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Jordan Hosp	Occupation Emergency	Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Cynthia Jeanne Tucker Mailing Address 7 Warwick Ter			Date of Receipt
		01-1-	7'- 0-4-	10 07 2010
	City Waterford	State CT	Zip Code 06385-4121	Transaction ID: C1131579 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St John Hosp & Med Ctr	Occupation Emergency	Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) John R Tucker			Date of Receipt
	Mailing Address 12440 Alta Mesa Dr			10 07 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1131702
	Auburn FEC ID number of contributing federal political committee.	CA	95603-3536	Amount of Each Receipt this Period 500.00
	Name of Employer Emer Phys Med Grp Inc	Occupation Emergency	Physician Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)	I		1250.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 63 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Travis Ulmer Mailing Address 1228 Pennsylvania A City Columbus FEC ID number of contributing federal political committee. Name of Employer Gaston Memil Receipt For: Primary General Other (specify)	Ve State Zip Code OH 43201-3125 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: C1130857 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Bruce S Ushkow Mailing Address 24 Fieldstone Dr City Delmar FEC ID number of contributing federal political committee. Name of Employer Samaritan Hosp Receipt For: Primary General Other (specify)	State Zip Code NY 12054-6704 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mark Duane Utkewicz Mailing Address 41 Hansom Rd City Basking Ridge FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc Receipt For: Primary General Other (specify)	State Zip Code NJ 07920-2974 C Occupation Emergency Physician Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·	1350.00

SCHEDULE A (FEC Form 3X)

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Ptatamanta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 63 (check only one) X 11a
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
A. <u>i</u>	Full Name (Last, First, Middle Initial) Bradley Alan Watling Mailing Address 109 Viewpoint Ln City Mooresville	State NC	Zip Code 28117-7558	Date of Receipt M M M D D D Z D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
f	FEC ID number of contributing ederal political committee.	Occupation		1000.00
_	Name of Employer PEMA Receipt For: Primary General Other (specify)	Emergen	cy Physician Year-to-Date ▼ 1000.00	
B. [Full Name (Last, First, Middle Initial) David Wirtz Mailing Address 1 Highgate NE	1		Date of Receipt 1 0 0 1 2 0 1 0
<u> </u> F	City thaca FEC ID number of contributing ederal political committee.	State NY	Zip Code 14850-1483	Transaction ID: C1130723 Amount of Each Receipt this Period 300.00
- 1 -	Name of Employer EMP Receipt For: Primary Other (specify)	, ' -	n cy Physician Year-to-Date ▼	1
C. [Full Name (Last, First, Middle Initial) David O Wright Mailing Address 1 Old Spring Rd			Date of Receipt 1 0 0 1 2 0 1 0
<u> </u>	City Barboursville FEC ID number of contributing	State WV	Zip Code 25504-2101	Transaction ID: C1130724 Amount of Each Receipt this Period
f _	ederal political committee. Name of Employer Emer Med Phys	Occupation		1000.00
_	Receipt For: Primary General Other (specify) ▼	, ' 	cy Physician Year-to-Date ▼ 1000.00	
SU	BTOTAL of Receipts This Page (optional)			2300.00

В.

PAGE 43 / 63 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 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) Date of Receipt Howard M Yang Mailing Address 7031 Casa Encantada St 10 07 2010 City State Zip Code Transaction ID: C1131700 Las Vegas ΝV 89118-0564 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer St Rose Dominican Hosps Occupation **Emergency Physician** Receipt For: Aggregate Year-to-Date Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Christian F Young Date of Receipt Mailing Address 2509 Via De Pallon Cir 07 2010 City State Zip Code Transaction ID: C1131577 **Henderson** NV 89074-5927 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Univ Med Ctr Occupation **Emergency Physician** Receipt For: Aggregate Year-to-Date Primary General

1000.00

SUBTOTAL of Receipts This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	87143.00

Other (specify)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				-	INE NUMBER: PAGE 44 / 63 only one)									
ITEMIZED DISBURSEMENTS		category of the Summary Page		F	21b 27	П	22 28a	X	23 28b	Н	24 28c		25 29	$\boldsymbol{\sqcup}$	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														5	
NAME OF COMMITTEE (In Full)															
National Emergency Medicine Political Act	ion Comm	ittee													
Full Name (Last, First, Middle Initial) Austin Scott for Congress									on ID:		01062	14			
								М		6	/ Y	ž	0 1 (Y	
Mailing Address PO Box 27750							10						0 1 0		
•	State GA	Zip Code 31221					Amou	nt o	f Each	Dis	burser	nen	t this I	Perioc	1
Purpose of Disbursement Contributions for Federal Candidates			Г	_								25	00.00)	
Candidate Name					egory/										
Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	2010 X General			ype										
State: GA District: 08		- <i>3</i> / \													
Full Name (Last, First, Middle Initial) Bass Victory Committee									isburs	eme	01061 ent				
Mailing Address PO Box 3451							1 ^M 0	М	[′] 0	6	/ Y	ž	0 Ĭ () \	
,	State NH	Zip Code 03302					Amou	nt o	f Each	Dis	burser	nen	t this I	Perioc	i
Purpose of Disbursement Contributions for Federal Candidates				()11		L.	0		0		50	00.00)	
Candidate Name Rep. Charles F. Bass					egory/ ype										
Senate President	ment For: Primary Other (spe	2010 X General ecify) ▼													
State: NH District: 02															
Full Name (Last, First, Middle Initial) Bera for Congress									on ID:		01061 ent	97			
Mailing Address PO Box 582496							1 ^M 0	М	0	6	/ Y	ž	0 1 () ^Y	
	State CA	Zip Code 95758					Amou	nt o	f Each	Dis	burser	-		-	i ¬
Purpose of Disbursement Contributions for Federal Candidates			Г	()11		<u></u>	-				25	00.00)	
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State: CA District: 03	1 (-	<i>3</i> / ▼													
SUBTOTAL of Disbursements This Page (optional) .					▶						1	000	00.00		

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EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	, F	24 28c	25 29			
ny Information copied from such Reports and State for commercial purposes, other than using the nan									s		
NAME OF COMMITTEE (In Full)	To and address of any points	<u> </u>									
National Emergency Medicine Political Ac	tion Committee										
Full Name (Last, First, Middle Initial)						_	D10617	 5			
Bill Cassidy for US Congress					f Disbu			V . V .	٧		
Mailing Address 8550 United Plaza Blvd Suite 1001				10	IJ´L	0 6	J´L`.	ž 0 1 (0 '		
City Baton Rouge	State Zip Code LA 70809-225	6		Amour	nt of Ea	ch Di	sburseme	ent this I	Perio		
Purpose of Disbursement Contributions for Federal Candidates			011	T L.		_	3	000.00	כ		
Candidate Name Bill Cassidy		Ca	011 ategory/								
	ement For: 2010		Туре	-							
Senate	Primary X Genera										
President State: LA District: 06	Other (specify)										
Full Name (Last, First, Middle Initial)				Tronce	otion !	D. 1	D10779	7			
Cantor For Congress					f Disbu	rseme	ent				
Mailing Address P. O. Box 17813				10	1 / [1 3	/ Y	ž 0 1 (0 Y		
City	State Zip Code			Amour	nt of Ea	ch Di	sburseme	ent this I	Perio		
Richmond Purpose of Disbursement	VA 23226	1		-		-	5	000.00)		
Contributions for Federal Candidates			011								
Candidate Name Rep. Eric I. Cantor			ategory/ Type								
	ement For: 2010		туре	+							
Senate	Primary X Genera										
State: VA District: 07	Other (specify) ▼										
Full Name (Last, First, Middle Initial)							D10617	9			
Chad Causey for Congress					f Disbu			V * V *	V .		
Mailing Address 236 Mass Ave., NE Suite 603				10		06	/ Y	ž 0 i (0 1		
City Washington	State Zip Code DC 20002			Amour	nt of Ea	ch Di	sburseme	ent this I	Perio		
Purpose of Disbursement Contributions for Federal Candidates			011	1 L.			5	000.00)		
Candidate Name Chad Causey		Ca	ategory/ Type								
Senate	ement For: 2010 Primary X Genera	-									
State: AR District: 01	Other (specify) ▼										
l											
SUBTOTAL of Disbursements This Page (optional)							13	00.00	ו		

	CHEDULE B (FEC Form 3	Use se	parate schedule(s)	-	NUMBER: PAGE 46 / 63
IT	EMIZED DISBURSEMENT	for eac	h category of the d Summary Page	(check online)	y one) 22 X 23 24 25 28a 28b 28c 29 1
	y Information copied from such Reports a for commercial purposes, other than using				for the purpose of soliciting contributions plicit contributions from such committee
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	<u>- </u>			
<i></i>	Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Cong	gress Inc			Transaction ID: D106176 Date of Disbursement
	Mailing Address PO Box 80126				10 06 2010
	City Lafayette	State LA	Zip Code 70598		Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name			011 Category/	2500.00
	Mr. Charles Boustany Office Sought: X House	Disbursement For:	2010	Type	
	Senate President State: LA District: 07	Primary Other (s	X General pecify) ▼		
	Full Name (Last, First, Middle Initial) Chris Coons for Delaware				Transaction ID: D106203 Date of Disbursement
	Mailing Address PO Box 9900				10
	City Newark	State DE	Zip Code 19714-5000		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name			011 Category/	5000.00
	Office Sought: House X Senate President State: DE District:	Disbursement For: Primary Other (s	2010 X General pecify) ▼	Type	
	Full Name (Last, First, Middle Initial) Duncan for Congress				Transaction ID: D106196 Date of Disbursement
	Mailing Address PO Box 732				10 0 6 7 2 0 1 0
	City Clinton	State SC	Zip Code 29325		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contributions for Federal Candidates			011	2500.00
	Candidate Name	Bil		Category/ Type	
	Office Sought: X House	Disbursement For: Primary	2010 X General		
	Senate President State: SC District: 03		pecify)		

TEMIZED DIG	HEDULE B (FEC Form 3X) MIZED DISBURSEMENTS		Use separate schedule(s) for each category of the					IE NUMBER: PAGE 47						
			Detailed	Summary Page			21b 27	22 28a		8b	24 28c	25 25	9	
	ed from such Reports poses, other than using													
NAME OF COM					-						<u> </u>			
Full Name (Last, I Freedom PAC	First, Middle Initial)									n ID: [21		
Mailing Address	PO Box 2458							1 ^M 0	M /	06	/ Y	ž 0	10	
City Springfield		Sta VA		Zip Code 22152				Amo	unt of E	Each Dis	sburser			rio
Purpose of Disbu Contributions for	rsement Federal PACs/Commi	ttees						L.	•			2500	.00	_
Candidate Name						atego Type	-							
Office Sought:	House Senate President	хо	rimary ther (spe											
State:	District:	Annual co	ntributi	on										_
Full Name (Last, I Friends Of Bill	First, Middle Initial) Posey									n ID: [ourseme	-	91		
Mailing Address	1824 South Fish	ke Boulevar	d					1 ^M 0	M /	^D 1 3	/ Y	ž 0	1 0 °	
City Rockledge		Sta FL		Zip Code 32955				Amo	unt of E	Each Dis	sburser	nent th	is Pe	ric
Purpose of Disbu	rsement Federal Candidates				Г	011		L.				1500	.00	_
Candidate Name Mr. Bill Posey						atego Type	•							
Office Sought:	X House Senate President		ent For: rimary other (spe	2010 X General ecify) ▼										
State: FL Full Name (Last, I	District: 15 First, Middle Initial)							Tran	saction	n ID: [01061	91		_
Friends of Step	hene Moore									ourseme			Ϋ́Υ	7
Mailing Address	PO Box 75214							1 0		0 6		ž 0	1 0	_
City Washington		Sta D(Zip Code 20013-0214				Amo	unt of E	Each Dis	sburser		-	ric
	rsement Federal Candidates					011		L.				2500	.00	_
Candidate Name						atego Type								
Office Sought:	X House Senate President		ent For: rimary other (spe	2010 X General										
State: KS	District: 03			· · · · · · · · · · · · · · · · · · ·										

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SCHEDULE B (FEC Form 3X)	Llas sanarata sahadula(s)	F	OR LINE	NE NUMBER: PAGE 48 / 63								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(c	heck on	<u> </u>				_		_		
	Detailed Summary Page		21b 27	22 28a	X	23 28b	24 28c	_	25 29	26 30b		
Any Information copied from such Reports and Staten	lents may not be sold or used	d by any			rpos							
or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)												
National Emergency Medicine Political Act	ion Committee											
Full Name (Last, First, Middle Initial) Hoyer For Congress						on ID: sburse	D106 ement	220				
Mailing Address 4201 Northview Dr, Ste 3	307			1 ^M 0	M	0	^D /	Y	010	o ^Y		
,	State Zip Code			Amou	nt of	Each	Disburs	emer	nt this	Period		
Bowie	MD 20716				-			25	500.00			
Purpose of Disbursement Contributions for Federal Candidates		01	11		-	-		20	00.00			
Candidate Name Rep. Steny H. Hoyer		Cate Ty	. ,									
Office Sought: X House Disburse Senate President	ment For: 2010 Primary X General Other (specify)											
State: MD District: 05												
Full Name (Last, First, Middle Initial)				Trans	acti	on ID:	D106	198				
Hultgren for Congress						sburse				_		
Mailing Address 1118 East Main Street				10	M	0	6 /	2	0 1 (o ^Y		
City Saint Charles	State Zip Code IL 60174			Amou	nt of	Each	Disburs			-		
Purpose of Disbursement Contributions for Federal Candidates		01	11	L.		-		25	00.00)		
Candidate Name Randy Hultgren		Cate Typ										
Senate President	ment For: 2010 Primary X General Other (specify)											
State: IL District: 14												
Full Name (Last, First, Middle Initial) John S Fund						sburse		729				
Mailing Address PO Box 853				1 ^M 0	M	^D 1	3 /	Y 2	010	o ^Y		
City Edwardsville	State Zip Code IL 62025			Amou	nt of	Each	Disburs	emer	nt this	Period		
Purpose of Disbursement Contributions for Federal PACs/Committees		01	11	<u> </u>				25	00.00			
Candidate Name John Shimkus		Cate										
Senate President X	ment For: 2010 Primary General Other (specify) contribution											
								75	00.00			
SUBTOTAL of Disbursements This Page (optional)				-	-			, ,	JŲ.U(
TOTAL This Period (last page this line number only)			•									

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	tion Committee		
Full Name (Last, First, Middle Initial) Kurt Schrader For Congress			Transaction ID: D106215 Date of Disbursement
Mailing Address 205 N Main St.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Oregon City	State Zip Code OR 97045		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011	2500.00
Candidate Name Mr. Kurt Schrader		Category/ Type	
Senate President	ement For: 2010 Primary X General Other (specify)		
State: OR District: 05 Full Name (Last, First, Middle Initial)			Transaction ID: D106216
LANCE FOR CONGRESS			Date of Disbursement
Mailing Address 370 Tall Tree Ct			10 06 2010
City Jackson	State Zip Code NJ 08527-3158		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011	2500.00
Candidate Name Leonard Lance		Category/ Type	
Office Sought: X House Senate President State: NJ Disbury State: NJ Disbury	ement For: 2010 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) Latourette For Congress Committee			Transaction ID: D107777 Date of Disbursement
Mailing Address 320 Kenarden Dr.			$\begin{bmatrix}\begin{smallmatrix}M&M&M\\1&0&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\1&3\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&D\\2&0&1&0\end{smallmatrix}\end{bmatrix}$
City Highland Hts.	State Zip Code OH 44143		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for Federal Candidates		011	2500.00
Candidate Name Rep. Steven C. LaTourette		Category/ Type	
Senate President	ement For: 2010 Primary X General Other (specify)		
State: OH District: 14			
SUBTOTAL of Disbursements This Page (optional		<u> </u>	7500.00

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		NUMBER: PAGE 50 / 63
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			27	28a 28b 28c 29
Any Information copied from such Reports and Si or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full)				
National Emergency Medicine Political	Action Comm	nittee		
Full Name (Last, First, Middle Initial)				Transaction ID: D107779
Mo Brooks for Congress				Date of Disbursement
Mailing Address 7610 Foxfire Dr SE				10 13 / 2010
City Huntsville	State AL	Zip Code 35802-2716		Amount of Each Disbursement this Period
Purpose of Disbursement	AL	33602-2716		5000.00
Contributions for Federal Candidates			011	
Candidate Name			Category/ Type	
Office Sought: X House Disk	oursement For:	2010	. , po	
Senate	Primary	X General		
State: AL District: 05	Other (spe	ecity) 🔻		
Full Name (Last, First, Middle Initial)				Transaction ID: D106178
Nevada Republican Party				Date of Disbursement
Mailing Address 6655 S. Tenaya Way Suite 120	/			$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}0^{M}\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}D\\0\end{smallmatrix}0^{D}\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0^{Y}0^{Y}\end{smallmatrix}$
City Las Vegas	State NV	Zip Code 89107		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to National Party Committees	INV	89107	000	5000.00
Candidate Name			003 Category/ Type	
Office Sought: House Disk	oursement For:	2010	туре	
Senate	Primary	General		
President State: District:	X Other (spe	ecify) $lacktriangleright$		
Full Name (Last, First, Middle Initial)				Transaction ID: D106205
New Pioneers PAC				Date of Disbursement
Mailing Address 228 S. Washington S	Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & G \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & O \end{smallmatrix} \end{bmatrix}$
City Alexandria	State VA	Zip Code 22314		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal PACs/Committees			011	2500.00
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Candidate Name			I YUC I	
	oursement For:	2010	туре	
Office Sought: House Dist	Primary	General	Туре	
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Temizero Disbursement Correct category of the Correct category	SCHEDULE B (FEC Form 3X)	Use separ	ate schedule(s)		FOR LINE	-	ER:	I	PAGE 5	1 / 63
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Oliverio for Congress Mailing Address P.O. Box 130 City State Zip Code Dellstowsement Contributions for Federal Candidates Candidate Name Mike Oliverio Office Sought: X House President State: PA District: 07 Full Name (Last, First, Middle Initial) Paul Gosar for Congress Mailing Address P.O. Box 368 City Senate President State: PA District: 07 Full Name (Last, First, Middle Initial) Paul Gosar for Congress Mailing Address P.O. Box 368 City Senate President State: PA District: 07 Full Name (Last, First, Middle Initial) Paul Gosar for Congress Mailing Address P.O. Box 368 City Senate President State: PA District: 07 Full Name (Last, First, Middle Initial) Paul Gosar for Congress Mailing Address P.O. Box 368 City Senate President State: PA District: 07 Full Name (Last, First, Middle Initial) Paul Gosar for Congress Mailing Address P.O. Box 368 City Senate President State: AZ District: 01 Disbursement For: 2010 Primary X General Candidates Candidate Name President City Senate Primary X General Other (specify) ▼ Transaction ID: D106109 Amount of Each Disbursement Inits Period Transaction ID: D106109 Amount of Each Disbursement Inits Period Transaction ID: D106108 Amount of Each Disbursement Inits Period Transaction ID: D106108 Amount of Each Disbursement Inits Period Transaction ID: D106108 Amount of Each Disbursement Inits Period Transaction ID: D106108 Date of Disbursement Transaction ID: D106109 Amount of Each Disbursement Inits Period Transaction ID: D106108 Date of Disbursem	ITEMIZED DISBURSEMENTS			F	21b	22		\vdash		
National Emergency Medicine Political Action Committee										
Oliverio for Congress Mailing Address P.O. Box 130 City State Zip Code Delislow WV 26531 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Mike Oliverio Office Sought: X House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Pat Meehan for Congress Mailing Address 5035 Township Line Rd City State Zip Code PA 19026-4821 Purpose of Disbursement Contributions for Federal Candidates Candidates Candidates Candidates Name Primary X General Confibutions for Federal Candidates Candidates Candidates Pat Meehan Office Sought: X House Senate Primary X General Contributions for Federal Candidates Candidates Candidates Candidates Primary X General Contributions for Federal Candidates Candidates Candidates President State: PA District: 07 Full Name (Last, First, Middle Initial) Paul Gosar for Congress Mailing Address P.O. Box 368 City State Zip Code VA 22040 Category' Type Office Sought: X House Senate Primary X General Contributions for Federal Candidates Candidates Candidates Candidates VA 22040 City State Zip Code VA 22040 City State Zip Code VA 22040 Category' Type Office Sought: X House Senate Primary X General Category' Type Office Sought: X House Senate Primary X General Category' Type Office Sought: X House Senate Primary X General Category' Type Office Sought: X House Senate Primary X General Category' Type Office Sought: X House Senate Primary X General Category' Type Office Sought: X House Senate Primary X General Category' Type Office Sought: X House Senate Primary X General Category' Type Office Sought: X House Senate Primary X General Category' Type Office Sought: X House Senate Primary X General Category' Type Office Sought: X House Senate Primary X General Category' Type	NAME OF COMMITTEE (In Full)									
Amount of Each Disbursement this Perior Category/ Type Office Sought: X House Senate President State: WV District: 01 Full Name (Last, First, Middle Initial) Pat Meehan for Congress Mailing Address 5035 Township Line Rd City PA 19026-4821 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Mike Oliverio Office Sought: X House Senate Primary X General Other (specify) ▼ Transaction ID: D106206 Date of Disbursement Contributions for Federal Candidates Candidate Name Pat Meehan Office Sought: X House Senate Primary X General Other (specify) ▼ Transaction ID: D106206 Date of Disbursement Office Sought: X House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Paul Gosar for Congress Mailing Address P.O. Box 368 City Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) Paul Gosar for Congress Mailing Address P.O. Box 368 City Senate President Contributions for Federal Candidates Candidate Name Office Sought: X House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Paul Gosar for Congress Mailing Address P.O. Box 368 City Senate President Contributions for Federal Candidates Candidate Name Office Sought: X House Senate Primary X General Other (specify) ▼ Office Sought: X House Senate Primary X General Other (specify) ▼ Office Sought: X House Senate Primary X General Other (specify) ▼ Other (specify) ▼ Amount of Each Disbursement this Perior Category/ Type Office Sought: X House Senate Primary X General Other (specify) ▼ Other (specify) ▼ Amount of Each Disbursement this Perior Category/ Type Office Sought: X House Senate Primary X General Other (specify) ▼	,							_	6199	
DelIslow WV 26531 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Mike Oliverio Office Sought: X House Senate President State: WV District: 01 Full Name (Last, First, Middle Initial) Pat Meehan for Congress Mailing Address 5035 Township Line Rd City State Zip Code PA 19026-4821 Purpose of Disbursement Por: 2010 Office Sought: X House Senate PResident Senate President State: PA District: 07 Full Name (Last, First, Middle Initial) Paul Gosar for Congress Mailing Address P.O. Box 368 City Senate President State: PA District: 07 Full Name (Last, First, Middle Initial) Paul Gosar for Congress Mailing Address P.O. Box 368 City State Zip Code Primary X General President State: PA District: 07 Full Name (Last, First, Middle Initial) Paul Gosar for Congress Mailing Address P.O. Box 368 City State Zip Code Primary X General President State: PA District: 07 Full Name (Last, First, Middle Initial) Paul Gosar for Congress Mailing Address P.O. Box 368 City State Zip Code Primary X General President State: PA District: 07 Full Name (Last, First, Middle Initial) Paul Gosar for Congress Mailing Address P.O. Box 368 City State Zip Code Primary X General President State: PA District: 07 Full Name (Last, First, Middle Initial) President Senate President State: PA District: 07 Full Name (Last, First, Middle Initial) Paul Gosar for Congress Amount of Each Disbursement Transaction ID: D106180 Category' Type Office Sought: X House Senate Primary X General Primary X Gener	Mailing Address P.O. Box 130						M / D	06	Ý Ž0	10
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National Emergency Medicine Political Ac	tion Comm	ittee											
Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee								on ID:		D1077 ent	'80		
Mailing Address P.O. Box 8331						1 ^M 0	М	/ D 1	3	/ Y	ž	0 1 () Y
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Mailing Address P.O. BOX 61							1 ^M 0	M	1	3 /	Ž	010	o ^Y			
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\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ction Committee										
<u> </u>	Full Name (Last, First, Middle Initial) KENNY MARCHANT FOR CONGRESS				Transaction ID: D106222 Date of Disbursement 10 06 2010							
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	Mailing Address PO Box 4497				M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
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NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT Mailing Address 209 Pennsylvania Ave SE City Washington Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Roy Blunt Office Sought: House Disbursement For: 2010 Primary General President Senate President Senate President Other (specify) ▼ City City City State Zip Code Primary X General Type Transaction ID: D107776 Date of Disbursement Ti 0 X	TEMIZED DISBURSEM	ENTS for each of Detailed		21b	22 X 23 24 25
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RIENDS OF ROY BLUNT Mailing Address 209 Pennsylvania Ave SE City Washington DC 20003-1107 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Roy Blunt Office Sought: No District: Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS Mailing Address 3069 Conquista Court City Candidate Name Rep. Shelley Berkley Office Sought: Senate President State: NV District: Disbursement For: 2010 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Shelley Berkley Office Sought: Nv 89121 Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA Mailing Address PO Box 2009 City City State State Zip Code Sought: Senate Primary X General Other (specify) ▼ Transaction ID: D106195 Date of Disbursement Category/ Type Transaction ID: D106195 Date of Disbursement Category/ Type Transaction ID: D106195 Date of Disbursement Category/ Type Amount of Each Disbursement Transaction ID: D106195 Date of Disbursement Category/ Type Amount of Each Disbursement Category/ Type Transaction ID: D106195 Date of Disbursement Category/ Type Amount of Each Disbursement For: 2010 Transaction ID: D106195 Date of Disbursement Transaction ID: D106195 Date of Disbursement Transaction ID: D106195 Date of Disbursement Amount of Each Disbursement Category/ Type Amount of Each Disbursement Type Date of Disbursement Type Transaction ID: D106195 Date of Disbursement Type Date of Disbursement Type Transaction ID: D106195 Date of Disbursement Type Transaction ID: D106195 Date of Disbursement Type Date of Disbursement Type Transaction ID: D106195 Date of Disbursement Type Date of Disbursement Type Type Date of Disbursement Type Type Date of Disbursement Type Date of Disbursement Type Date of Disbursement Type Type Date of Disbursement Type T	NAME OF COMMITTEE (In Full)	-			
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Sandy Adams for Congress Mailing Address P. O. Box 1566 City State Zip Code Other (specify) ▼ Amount of Each Dist Transaction ID: Date of Disbursement Contributions for Federal Candidates City Senate President IL 61612 Purpose of Disbursement Other (specify) ▼ Full Name (Last, First, Middle Initial) Schock For Congress Mailing Address PO Box 10555 City State Zip Code Other (specify) ▼ Transaction ID: Date of Disbursement Contributions for Federal Candidates Candidate Name Mr. Aaron Schock Office Sought: X House Senate Primary X General Candidates Candidate Name (Last, First, Middle Initial) Schock For Congress Mailing Address PO Box 10555 City State Zip Code IL 61612 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Mr. Aaron Schock Office Sought: X House Senate President Senate	24 25 29 29
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/ National Emergency Medicine Political	Action Committee		
Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER			Transaction ID: D106208 Date of Disbursement
Mailing Address 509 MADISON AVE S c/o Tonya Fulkerson	UITE 1902		
City NEW YORK	State Zip Code NY 10022		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011	2500.00
Candidate Name Sen. Charles E. Schumer		Category/ Type	
X Senate President	Primary X Gen Other (specify) ▼		
State: NY District: 00 Full Name (Last, First, Middle Initial)			T :: ID D100170
DAVID VITTER FOR US SENATE			Transaction ID: D106173 Date of Disbursement
Mailing Address PO BOX 8175			$\begin{bmatrix} M & M $
City METAIRIE	State Zip Code LA 70011		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for Federal Candidates		011	5000.00
Candidate Name Sen. David Vitter		Category/ Type	
9 📄	ursement For: 2010 Primary X Gen		-
X Senate President	Other (specify)		
State: LA District: 00 Full Name (Last, First, Middle Initial)	Other (specify) ▼		Transaction ID: D106213 Date of Disbursement
State: LA District: 00			Transaction ID: D106213 Date of Disbursement M M / D D D / Y 2 0 1 0
State: LA District: 00 Full Name (Last, First, Middle Initial) Southerland for Congress			Date of Disbursement M
State: LA District: 00 Full Name (Last, First, Middle Initial) Southerland for Congress Mailing Address 5903 Woodfield Estat City	es Drive State Zip Code	011	Date of Disbursement
State: LA District: 00 Full Name (Last, First, Middle Initial) Southerland for Congress Mailing Address 5903 Woodfield Estat City Alexandria Purpose of Disbursement	es Drive State Zip Code	011 Category/ Type	Date of Disbursement M
State: LA District: 00 Full Name (Last, First, Middle Initial) Southerland for Congress Mailing Address 5903 Woodfield Estat City Alexandria Purpose of Disbursement Contributions for Federal Candidates Candidate Name	es Drive State Zip Code	Category/ Type	Date of Disbursement M
State: LA District: 00 Full Name (Last, First, Middle Initial) Southerland for Congress Mailing Address 5903 Woodfield Estat City Alexandria Purpose of Disbursement Contributions for Federal Candidates Candidate Name Office Sought: X House Senate	es Drive State Zip Code VA 22310 Ursement For: 2010 Primary X Gen	Category/ Type	Date of Disbursement M

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5(CHEDULE B (FEC Form 3X)	l lse senar	ate schedule(s)		NUMBER: PAGE 62/63
IT	EMIZED DISBURSEMENTS		ategory of the	(check onl	y one)
• •	LIMIZED DIODOTICEMENTO		ummary Page	21b	22 X 23 24 25 26
			, ,	27	28a 28b 28c 29 30b
An	y Information copied from such Reports and Sta	tements may not	be sold or used	by any person	for the purpose of soliciting contributions
or 1	for commercial purposes, other than using the n	ame and address	s of any political	committee to so	licit contributions from such committee
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	National Emergency Medicine Political	Action Commi	ttee		
	Full Name (Last, First, Middle Initial)				Transaction ID: D107795
	Team Emerson For Jo Ann Emerson				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address PO Box 822				1 0 M / D 1 3 / Y 2 0 1 0 Y
	P.O. Box 822				
	City	State	Zip Code		Amount of Each Disbursement this Period
	Cape Girardeau	МО	63702		4500.00
	Purpose of Disbursement				1500.00
	Contributions for Federal Candidates			011	
	Candidate Name			Category/	
	Rep. Jo Ann Emerson			Туре	
	Office Sought: X House Disbu	rsement For:	2010		
	Senate	Primary	X General		
	President	Other (spec	ify) 🔻		
	State: MO District: 08				

SUBTOTAL of Disbursements This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	<u> </u>	154500.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TERRIZED INIDEDENIDENIT E	VDENIDITI IDE	·C		_	
TEMIZED INDEPENDENT E	XPENDII UKE	<u>:</u> 5			PAGE 63/63
					FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBER 🔻
National Emergency Medicine Political Action ttee	n Commi-				C00140061
Check if 24-hour notice 4	8-hour notice				
Full Name (Last, First, Middle, Initial) of F	ayee		Date		
Mullen and Company			M M /	D D	
Mailing Address			Amount		
Suite 600	Suite 600				40000.00
1101 Pennsylvania Ave., NW					
City	State	Zip Code	Transaction	n ID: I	D107762
Washington	DC	20037	Office Sought	t: X	House State: <u>CT</u>
Purpose of Expenditure Independent Expendit- ure for Rep. Chris		Category/ Type		\rightarrow	Senate District: 05 Presidential
Name of Federal Candidate supported or	Opposed by expendit	ture:	Check One:	X	Support Oppose
Rep. Christopher S. Murphy			Disbursement		Primary General
Calendar Year-To-Date Per Election for Office Sought		40000.00	X Othe 2010	er (spec	_{ify)} : <u>Radio A</u> d
			•		

(a) SUBTOTAL of Itemized Independent Expenditures		40000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		40000.00
Under penalty of perjury I certify that the independent expenditures reported here or at the request or suggestion of, any candidate or authorized committee or ager committee) any political party committee or its agent.	•	
Phyllis Edans, CPA, CAE Signature	Date 03 07	2011