FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Emergency Department Practice Management Association PAC (EDPMA-PAC) 8405 Greensboro Drive ADDRESS (number and street) Suite 800 Check if different than previously VA McLean 22102 5120 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00388470 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2007 06 30 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Leslie J. Kerman Type or Print Name of Treasurer Electronically Filed by Leslie J. Kerman 07 02 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Re	port Covering the Period: From:	0 1 2 0 0 7 T	o: 0 6 3 0 Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1		60451.01
•	b) Cash on Hand at Begining of Reporting Period	60451.01	
(c) Total Receipts (from Line 19)	27150.00	27150.00
	d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	87601.01	87601.01
	Total Disbursements (from Line 31)	13000.00	13000.00
ı	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	74601.01	74601.01
	Debts and Obligations owed TO he committee (Itemize all on		
	Schedule C and/or Schedule D)	0.00	
1	Debts and Obligations owed BY he committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

(subtract Line 18(c) from Line 19)

Emergency Department Practice Management Association PAC (EDPMA-PAC)

0 1 3^D0 м N 0 1 м м 0 6 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 27000.00 27000.00 (i) Itemized (use Schedule A) 150.00 150.00 (ii) Unitemized (iii) TOTAL (add 27150.00 27150.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 27150.00 27150.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 27150.00 27150.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 27150.00 27150.00

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. 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..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 13000.00 13000.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. 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 (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 13000.00 13000.00 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

13000.00

13000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Ope Expenditures	rating COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loa from Line 11(d), page 3)	'	27150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
 Net Contributions (other than loan (subtract Line 34 from Line 33) 	07150.00	27150.00
 Total Federal Operating Expenditi (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00
37. Offsets to Operating Expenditure: (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: (check only one)	PAGE 6/19
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b	11c 12
			Detailed Summary Page	13 14	15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting solicit contributions from su	ng contributions uch committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	Emergency Department Practice Manage	ement Ass	sociation PAC (EDPMA-PAC)	
۹.	Full Name (Last, First, Middle Initial) Glenn C. Adams			Date of Receipt	
	Mailing Address 306 Sherwood Forest Rd			02 / 26	2007
	City	State	Zip Code	Transaction ID: SA	
	Chesapeake	VA	23322	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			2500.00
	Name of Employer Keystone Healthcare Group	Occupation President		Contribution	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	1 1	2500.00		
3.	Full Name (Last, First, Middle Initial) Jennifer L. Behm			Date of Receipt	
	Mailing Address 4171 McClatchey Cir., NI		0 5 1 4	2007	
	City	State	Zip Code	Transaction ID: SA	11A1.4432
	Atlanta	GA	30342	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer TeamHealth	Occupation Senior Vi	n ce President	Contribution	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
).	Full Name (Last, First, Middle Initial) Roger Brooksbank			Date of Receipt	
	Mailing Address 132 Turtle Cove Court	0 5	2007		
	City	State	Zip Code	Transaction ID: SA	11A1.4431
	Lenoir City	TN	37772	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.			500.00	
	Name of Employer TeamHealth	Occupation Medical D		Contribution	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	500.00		
s	UBTOTAL of Receipts This Page (optional)				3500.00
	,				
T	OTAL This Period (last page this line number onl	y)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 19
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Δ.	w information applied from such Benerta and Stat	omente me	r not be cold or used by any para-	13 14 15 16 17
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	froit be sold of used by any personal ress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	Emergency Department Practice Manage	ement Ass	ociation PAC (EDPMA-PAC	3)
\angle			·	·
Α.	Full Name (Last, First, Middle Initial) Susanna L. Brown			Data of Respire
Α.	Mailing Address 108 Horse Tree Plantation	<u> </u>		Date of Receipt
	Too Horse Tree Flantation	ווע		06 07 2007
	City	State	Zip Code	Transaction ID: SA11A1.4472
	Madison	AL	35757	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			500.00
	federal political committee.	<u> </u>		300.00
	Name of Employer Daniel & Yeager	Occupation	1	Contribution
	Daniel & Yeager	Vice Pres	sident	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		000.00	
	Full Name (Last, First, Middle Initial)			
В.	Randal L. Dabbs			Date of Receipt
	Mailing Address 105 Osprey Cove Court			M M / D D / Y Y Y
			7. 0	06 07 2007
	City	State	Zip Code	Transaction ID: SA11A1.4470
	Lenoir City	TN	37772-3899	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
				Contribution
	Name of Employer TeamHealth Midsouth	Occupation		Continuation
		President	Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	rtear-to-Date V	1
	Other (specify)		2000.00	
				4
_	Full Name (Last, First, Middle Initial)			
Ċ.	James J DiGiorgio			Date of Receipt
	Mailing Address 5311 Wirestem Ct.			05 14 2007
	City	State	Zip Code	Transaction ID: SA11A1.4437
	Naperville	IL	60564	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
federal political committee.		C		300.00
	Name of Employer	Occupation	 1	Contribution
	Name of Employer TeamHealth	VP Opera		
	Receipt For:	<u> </u>	Year-to-Date V	
	Primary General		500.00	1
	Other (specify)		300.00	1
	IIRTOTAL of Receipts This Page (optional)			3000.00
s	UBTOTAL of Receipts This Page (optional)			3000.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 19			
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a			
			Detailed Summary Page	13 14 15 16 17			
Ar	ry information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any person	on for the purpose of soliciting contributions			
7	NAME OF COMMITTEE (In Full)	iame and add	aress or any political committee to	Solicit contributions from such committee.			
\rangle	Emergency Department Practice Manage	gement Ass	sociation PAC (EDPMA-PAC	;)			
Α.	Full Name (Last, First, Middle Initial) Laura Dollison			Date of Receipt			
Λ.	Mailing Address 2665 Deer Ridge Run			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: SA11A1.4476			
	Cuyahoga Falls	OH	44223	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer TeamHealth	Occupation RMD, EF		Contribution			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00				
В.	Full Name (Last, First, Middle Initial) Rita D. Eden			Date of Receipt			
	Mailing Address 10328 Saint Regence L	05 14 2007					
	City	State	Zip Code	Transaction ID: SA11A1.4434			
	Knoxville	<u>TN</u>	37922	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		500.00			
	Name of Employer TeamHealth	Occupation Vice Pres	n sident- Client Services	Contribution			
	Receipt For:		e Year-to-Date ▼				
	Primary General Other (specify) ▼		500.00				
<u> </u>	Full Name (Last, First, Middle Initial) Donna Ervast			Date of Receipt			
	Mailing Address 417 Oak River Circle			01 22 2007			
	City	State	Zip Code	Transaction ID: SA11A1.4452			
	Valrico	FL	33594	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00 Contribution			
	Name of Employer Vista Hill Management, LLC	Occupation COO		Continuation			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00				
s	UBTOTAL of Receipts This Page (optional)			2000.00			
Т	TOTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 19	
	EMIZED RECEIPTS		or each category of the	(check only one)	
•••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Δr	y information conied from such Reports and State	ements may	not he sold or used by any ners		
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	ress of any political committee to	o solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	Emergency Department Practice Manage	ement Ass	ociation PAC (EDPMA-PAC		
A.	Full Name (Last, First, Middle Initial) Robert M. Fuller			Date of Receipt	
	Mailing Address 7322 Wheatfield Pl.			05 14 2007	
	City	State	Zip Code	Transaction ID: SA11A1.4439	
	Knoxville	TN	37919	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		750.00	
	Name of Employer TeamHealth	Occupation CFO	1	Contribution	
	Receipt For:		Year-to-Date ▼		
	Primary General		750.00	1	
	Other (specify) ▼		730.00		
В.	Full Name (Last, First, Middle Initial) James E. George			Date of Receipt	
	Mailing Address PO Box 298			M M / D D / Y Y Y Y	
	011	0	7: 0 1	06 26 2007	
	City Woodbury	State NJ	Zip Code	Transaction ID: SA11A1.4480	
	•	INU	08096	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer TeamHealth East	Occupation		Contribution	
	Receipt For:	President	Year-to-Date ▼		
	Primary General	Aggregate	Teal-10-Dale ▼	1	
	Other (specify) ▼	0 0	1000.00		
_	Full Name (Last, First, Middle Initial)			Date of Desciret	
C.	Sanford Glantz Mailing Address 4 W Dosoris Lane			Date of Receipt	
	Walling Address 4 W Dosolis Latie			01 30 2007	
	City	State	Zip Code	Transaction ID: SA11A1.4447	
	Dix Hills	NY	11746	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Keystone Healthcare	Occupation VP, Medic	n cal Affairs	Contribution	
			Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
	L			0050.00	
S	UBTOTAL of Receipts This Page (optional)		······	2250.00	
T	OTAL This Period (last page this line number onl	ly)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 19
	·		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Emergency Department Practice Manag	gement Ass	sociation PAC (EDPMA-PAC	
A.	Full Name (Last, First, Middle Initial) Thomas Graber			Date of Receipt
	Mailing Address 29360 Lake Road			05 14 2007
	City	State	Zip Code	Transaction ID: SA11A1.4444
	Bay Village	OH	44140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer TeamHealth	Occupation RMD, TH		Contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General		E00.00	1
	Other (specify)	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Jonathan D. Grimes			Date of Receipt
	Mailing Address 101 Coyatee Circle			05 14 2007
	City	State	Zip Code	Transaction ID: SA11A1.4442
	Loudon	TN	37774	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation	n	Contribution
	TeamHealth'		t, ED Ops.	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	1000.00	
	Other (specify) ▼	0 0		
C.	Full Name (Last, First, Middle Initial) Edward S. Hamm			Date of Receipt
	Mailing Address 644 Winesap Road			05 14 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.4435
	Amherst	OH	44001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer TeamHealth	Occupation CFO	n	Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			2000.00
\vdash	,			
T	OTAL This Period (last page this line number or	nly)		

9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 / 19
	· ·	Use separate schedule(s) or each category of the		(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	Emergency Department Practice Mana	gement Ass	sociation PAC (EDPMA-PAC	0)
A.	Full Name (Last, First, Middle Initial) Stephen G. Holtzclaw			Date of Receipt
	Mailing Address 10265 S.W. 23rd Ct.			05 14 2007
	City	State	Zip Code	Transaction ID: SA11A1.4422
	Davie	FL	33324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer TeamHealth	Occupation President		Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	7
	Other (specify) ▼		1000.00	
— В.	Full Name (Last, First, Middle Initial) David P. Jones			Date of Receipt
	Mailing Address 1291 Kensington Drive			05 14 2007
	City	State	Zip Code	Transaction ID: SA11A1.4425
	Knoxville	TN	37922	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer TeamHealth	Occupation Chief Fin	n ancial Officer	Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2000.00	
_	Full Name (Last, First, Middle Initial) John L. Lyman			Date of Receipt
J .	Mailing Address 1500 Ridgeway Road			M M / D D / Y Y Y Y
	City	Ctata	7in Cada	01 24 2007
	City Dayton	State OH	Zip Code 45419	Transaction ID: SA11A1.4449
	•	OII	45419	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00 Contribution
	Name of Employer Premier Health Care Servi- ces	Occupation CMO	1	Continuation
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify)		250.00	1
	LIPTOTAL of Descripto This Descriptors		_	3250.00
\vdash	UBTOTAL of Receipts This Page (optional)			

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 19
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ry information copied from such Reports and Stat	ements may	not be sold or used by any perso	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
/	Emergency Department Practice Manage	ement Ass	sociation PAC (EDPMA-PAC	
۹.	Full Name (Last, First, Middle Initial) John L. Lyman			Date of Receipt
	Mailing Address 1500 Ridgeway Road			02 26 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.4455
	Dayton	OH	45419	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Premier Health Care Servi-	Occupation CMO	1	Contribution
	ces Receipt For:		Year-to-Date ▼	-
	Primary General	33 -3		1
	Other (specify)		500.00	
3.	Full Name (Last, First, Middle Initial) John L. Lyman			Date of Receipt
	Mailing Address 1500 Ridgeway Road			03 / 22 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.4454
	<u>Dayton</u>	OH	45419	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Premier Health Care Servi- ces	Occupation CMO	ı	Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
_	Full Name (Last, First, Middle Initial)			2. (2.)
J.	Ronald F. Matthews, Jr. Mailing Address 12351 Amberset Drive			Date of Receipt
	Mailing Address 12351 Amberset Drive		05 14 2007	
	City	State	Zip Code	Transaction ID: SA11A1.4441
	Knoxville	TN	37922	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer TeamHealth	Occupation Sr. Vice I		Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	_ · · ·	1000.00	
	Other (specify) ▼			
s	UBTOTAL of Receipts This Page (optional)			1500.00
т.	OTAL This Period (last page this line number on	lv)		
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/19				
	EMIZED RECEIPTS		or each category of the	(check only one)				
"	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12 12 17 17 17 17 17 17				
Δ.	y information copied from such Reports and Statemen	ato mov	not be cold or used by any perce	13 14 15 16 17				
or	for commercial purposes, other than using the name a	and add	ress of any political committee to	solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)							
$ \rangle$	Emergency Department Practice Managemer	nt Ass	ociation PAC (EDPMA-PAC					
\angle				,				
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt				
Α.	Stephen J. Murtaugh Mailing Address 11 Buxton Court			M M / D D / Y Y Y Y				
	Walling Address 11 Buxtoff Court			06 26 2007				
	City Sta	ate	Zip Code	Transaction ID: SA11A1.4479				
	Mantua NJ	J	08051	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee	· ·		250.00				
	federal political committee.			250.00				
	Name of Employer Occi	upation	<u> </u>	Contribution				
	TeamHealth East CFC	o						
		gregate	Year-to-Date ▼					
	Primary General		250.00	1				
	Other (specify)		200.00					
	Full Name (Last, First, Middle Initial)							
В.	Andrew M. Portelli			Date of Receipt				
	Mailing Address 1201 W. Swann Ave.			M M / D D / Y Y Y Y				
				01 22 2007				
	•	ate	Zip Code	Transaction ID: SA11A1.4450				
	Tampa FL		33606	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			2500.00				
				Contribution				
		cupation	1	Gontination				
	1050		Year-to-Date ▼	_				
	Receipt For: Agg	gregate	Teal-10-Date ▼	1				
	Other (specify) ▼		2500.00					
				4				
_	Full Name (Last, First, Middle Initial)			Data of Baselini				
C.	John H. Proctor			Date of Receipt				
	Mailing Address 320 Old Hickory Blvd. #1200			05 14 2007				
		ate	Zip Code	Transaction ID: SA11A1.4421				
	<u>Nashville</u> TN	N	37221	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee	· ·		1000.00				
federal political committee.				1000.00				
	Name of Employer Occi	upation	<u> </u>	Contribution				
	Toom Hoolth'	ID, TH						
	Receipt For: Agg	gregate	Year-to-Date ▼					
	Primary General		1000.00	1				
	Other (specify) ▼		1000.00	1				
6	LIPTOTAL of Possints This Page (entional)			3750.00				
1 3	SUBTOTAL of Receipts This Page (optional)							
\vdash	OBTOTAL OF Necepts This Page (optional)			-				

9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14/19	
		Use separate schedule(s) or each category of the		(check only one)	
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16 17	
Ar	y information copied from such Reports and Stat	ements may	not be sold or used by any pers	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the na	ame and add	lress of any political committee t	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
1	Emergency Department Practice Manage	ement Ass	ociation PAC (EDPMA-PAC	C)	
_	Full Name (Last, First, Middle Initial)				
A.	Matthew M. Rice			Date of Receipt	
	Mailing Address 8320 Goodman Drive, N	W		M M / D D / Y Y Y Y	
	City		7'- 0-1-	05 14 2007	
	City Gig Harbor	State WA	Zip Code	Transaction ID: SA11A1.4429	
		WA	98332	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	·			Contribution	
	Name of Employer TeamHealth	Occupation		Contribution	
	Receipt For:		ce President Year-to-Date ▼	_	
	Primary General	Aggregate	Teal-10-Date ▼	7	
	Other (specify)	l	500.00		
				_	
	Full Name (Last, First, Middle Initial)				
В.	Oliver Rogers			Date of Receipt	
	Mailing Address 5400 NE 33rd Avenue			05 14 2007	
	City	State	Zip Code	Transaction ID: SA11A1.4443	
	Ft. Lauderdale	FL	33308	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		1000.00	
	Name of Employer	Occupation	1	Contribution	
	Name of Employer TeamHealth	CEO, TH			
	Receipt For:		Year-to-Date ▼		
	Primary General		1000.00	7	
	Other (specify) ▼		1000.00	」	
_	Full Name (Lost First Middle Initial)				
C.	Full Name (Last, First, Middle Initial) Mike Shea			Date of Receipt	
	Mailing Address 8610 Denmark Street			M M / D D / Y Y Y Y	
				06 07 2007	
	City	State	Zip Code	Transaction ID: SA11A1.4471	
	Knoxville	TN	37931	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
				Contribution	
	Name of Employer TeamHealth	Occupation		Contribution	
			P, Business Development Year-to-Date ▼	_	
	Receipt For: Primary General	Aggregate	rear-to-Date ▼	7	
	Other (specify)		1000.00		
				-	
				250.00	
s	UBTOTAL of Receipts This Page (optional)			2500.00	
Г				_	
TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/19
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12 17 18 17 18 17 18 19 19 17 18 19 19 19 19 19 19 19
Ar	by information copied from such Reports and Stateme	ents mav	not be sold or used by any persor	
or	for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Emergency Department Practice Manageme	ent Ass	ociation PAC (EDPMA-PAC)	
Α.	Full Name (Last, First, Middle Initial) John R. Staley, Jr.			Date of Receipt
۸.	Mailing Address 1900 Winston Road			M M / D D / Y Y Y Y
	Suite 603			05 14 2007
	,	State	Zip Code	Transaction ID: SA11A1.4446
		N	37919-3606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer Oc	cupation	1	Contribution
		esident	, Emergency Coverage Corp	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify)		1000.00	
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) George S. Tracy			Date of Receipt
	Mailing Address 190 Haversham Drive			05 14 YYYY 2007
	City	State	Zip Code	Transaction ID: SA11A1.4427
	Colorado Springs	0	80906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer Oc TeamHealth	cupation	1	Contribution
		ecutive		
	Receipt For: Ag	gregate	Year-to-Date ▼	
	Other (specify)		500.00	
		-		
С.	Full Name (Last, First, Middle Initial) Antonio B. Vetrano			Date of Receipt
	Mailing Address 1751 Redgrave Road			M M / D D / Y Y Y Y
	City	State	Zip Code	0 6 0 7 2 0 0 7 Transaction ID: SA11A1.4473
		N	37922	Amount of Each Receipt this Period
	FFC ID number of contribution			
	federal political committee.	,		250.00
	Name of Employer Oc TeamHealth V/E	cupation	1	Contribution
	reamHealth VF	, Healt	hcare Financial Services	
		ggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0		
	•			1750.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	1750.00
т	OTAL This Period (last page this line number only)		>	

Primary

Other (specify)

General

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

PAGE 16/19 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Emergency Department Practice Management Association PAC (EDPMA-PAC) Full Name (Last, First, Middle Initial) Date of Receipt Cathy L. Vivirito Mailing Address 1531 Yarmouth Point Drive 05 2007 14 City State Zip Code Transaction ID: SA11A1.4424 Chesterfield MO 63017-5652 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Contribution Name of Employer TeamHealth Occupation VP, Spectrum Healthcare Resources Aggregate Year-to-Date ▼ Receipt For: Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sandra C. Young Date of Receipt Mailing Address 1116 Walden Legacy Way 0 5 14 2007 Apt. 717 City Zip Code State Transaction ID: SA11A1.4426 Knoxville TN 37931 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Contribution Name of Employer Team Health Occupation Vice President, Client Services Receipt For: Aggregate Year-to-Date ▼

500.00

SUBTOTAL of Receipts This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	<u> </u>	27000.00

SCHEDULE B (FECFORIII 3X)		Use seperate schedule(s)			NUMBER: PAGE 17/19					
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check or 21b 27	22 28a	Х	23 28b	24 28c		25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name									S
\rangle	NAME OF COMMITTEE (In Full) Emergency Department Practice Managem	, · ·								
۹.	Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMIT	TEE			of D	isburs	SB23.4 ement		0 ŏ 7	Y
	Mailing Address 6849 Old Dominion Drive Suite 222	•		0 2	2	2	26	. 2	0 0 7	
	•	State Zip Code VA 22101		Amo	ount c	f Each	Disburs	emen	this F	Period
	Purpose of Disbursement Contribution							5	0.00	00
	Candidate Name		egory/ ype							
	Senate	ment For: 2007 Primary General Other (specify)								
3.	Full Name (Last, First, Middle Initial) DIANA DEGETTE FOR CONGRESS INC.			_		-	: SB23.4	1486		
	Mailing Address P.O. Box 61337			M 0 6	М	isburs / D	5 /	Y Y Ž	0 ŏ 7	, Y
		7:- 0-4-								
	•	State Zip Code CO 80206		Amo	ount c	of Each	Disburs			-
	Purpose of Disbursement Contribution					_		I	0.00.0	00
	Candidate Name DIANA L DEGETTE		egory/ ype							
		ment For: 2008 Primary General Other (specify)								
D.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER					ion ID	: SB23.4	1465		
	Mailing Address Post Office Box 1994				2 M		8 /	Ý Ž	0 ŏ 7	, Y
		State Zip Code TN 38281		Amo	ount c	of Each	Disburs	emen	this F	Period
	Purpose of Disbursement Contribution	55251	-	1 L		_		1	500.0	00
	Candidate Name JOHN S TANNER		egory/							
	X X	ment For: 2008 Primary General Other (specify)	71							
S	UBTOTAL of Disbursements This Page (optional) .		 •			-	• • •	7	500.0	00
	OTAL This Period (last page this line number only)									
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SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check on	= NUMBER: PAGE 18 / 19						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 > 28a	· —	24 28c	25 29	26 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									
 NAME OF COMMITTEE (In Full) 	and address of any political co	minitiee to S	JAGIL GULLLIDU	iuona noin S	uon comm	IIIICC			
Emergency Department Practice Managen	ent Association PAC (EDF	PMA-PAC)							
Full Name (Last, First, Middle Initial)				tion ID: SB					
MIKE ROSS FOR CONGRESS COMMITT	EE			Disbursemer		Υ ,	7		
Mailing Address PO Box 360			0,3	08	2	0 ŏ 7 `			
	State Zip Code AR 71857		Amount	of Each Dist	oursement	t this Pe	eriod		
Purpose of Disbursement		• •			1	000.00)		
Contribution Candidate Name		Category/							
MICHAEL AVERY ROSS		Type							
X	ment For: 2008 Primary General								
President	Other (specify)								
State: AR District: 04									
Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS				tion ID: SB: Disbursemer					
			M M M 0 6	07		0 ŏ 7 `	1		
Mailing Address PO BOX 902			0.0	0.7		007	_		
City GAINESVILLE	State Zip Code GA 30503		Amount	of Each Dist	oursement	t this Pe	eriod		
Purpose of Disbursement	<u> </u>				1	000.00) <u> </u>		
Contribution Candidate Name		Category/							
NATHAN DEAL		Type							
	ment For: 2008 Primary General								
President	Other (specify)								
State: GA District: 10									
Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS				tion ID: SB: Disbursemer	_000				
Mailing Address PO Box 5577			0 5 M	/ D D D		0 0 7	7		
MANHATTANVILLE STA									
City New York	State Zip Code NY 10027		Amount	of Each Disk	oursement	t this Pe	eriod		
Purpose of Disbursement Contribution		•			2	500.00)		
Candidate Name CHARLES B RANGEL		Category/							
	ment For: 2008	Туре	-						
Senate X	Primary General								
State: NY District: 15	Other (specify)								
Side III					-	-00.5			
SUBTOTAL of Disbursements This Page (optional)		_	<u> </u>		4	500.00)		
TOTAL This Period (last page this line number only)									

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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 19/19
IT	EMIZED DISBURSEMENT		(check only 21b 27	y one) 22
	y Information copied from such Reports are for commercial purposes, other than using			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	Emergency Department Practice M	lanagement Association PAC (ED	DPMA-PAC)	
	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.4462
۹.	RICHARD BURR COMMITTEE			Date of Disbursement
	Mailing Address POST OFFICE B	OX 5928		05 0 0 0 0 0 0 7
	City	State Zip Code		Amount of Each Disbursement this Period
	WINSTON-SALEM	NC 27113		
	Purpose of Disbursement Contribution			1000.00
	Candidate Name RICHARD M BURR		Category/ Type	
	Office Sought: House X Senate President	Disbursement For: 2010 X Primary General Other (specify)		
	State: NC District: 00			

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)		13000.00