

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
Emergency Medicine Physicians PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Robert I Broida MD

Signature of Treasurer Robert I Broida MD [Electronically Filed] 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Emergency Medicine Physicians PAC

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value="2622.80"/> | <input type="text" value="2622.80"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="5756.74"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="7579.42"/> | <input type="text" value="22327.62"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="13336.16"/> | <input type="text" value="24950.42"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="9500.00"/> | <input type="text" value="21114.26"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="3836.16"/> | <input type="text" value="3836.16"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Emergency Medicine Physicians PAC

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 4432.29 | 11430.21 |
| (ii) Unitemized | 3147.13 | 10897.41 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 7579.42 | 22327.62 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 7579.42 | 22327.62 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 7579.42 | 22327.62 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 7579.42 | 22327.62 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 1114.26 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 1114.26 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 9500.00 | 20000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 9500.00 | 21114.26 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 9500.00 | 21114.26 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 7579.42 | 22327.62 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 7579.42 | 22327.62 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 0.00 | 1114.26 |
| 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 | 1114.26 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 13 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Emergency Medicine Physicians PAC

A. Dominic Bagnoli
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 East Drive
 City Hartville State OH Zip Code 44632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **3750.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11AI.5003
 Amount of Each Receipt this Period
1250.01
 \$416.67/monthly

B. Robert Broida
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5404
 City Akron State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11AI.5007
 Amount of Each Receipt this Period
250.00
 \$250.00/one time

C. Louis Cirillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 Woodridge Drive
 City Saunderstown State RI Zip Code 02874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **749.97**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11AI.5011
 Amount of Each Receipt this Period
249.99
 \$83.33/monthly

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 7 OF 13 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Emergency Medicine Physicians PAC

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Orion Colfer | | Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.5012 |
| Mailing Address 2523 Hanover Ave | | Amount of Each Receipt this Period 150.00 \$50.00/monthly |
| City Richmond | State VA | Zip Code 23220 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer EMP Medical Group, LTD | Occupation Emergency Physician | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 450.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Timothy Corvino | | Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.5016 |
| Mailing Address 128 Miles Road | | Amount of Each Receipt this Period 249.00 \$83.00/monthly |
| City Chagrin Falls | State OH | Zip Code 44022 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer EMP Medical Group, LTD | Occupation Emergency Physician | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 747.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Clifford Erickson | | Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.5019 |
| Mailing Address 31 Forest Drive | | Amount of Each Receipt this Period 75.00 \$25.00/monthly |
| City Voorheesville | State NY | Zip Code 12186 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer EMP Medical Group, LTD | Occupation Emergency Physician | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 225.00 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 474.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 13 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Emergency Medicine Physicians PAC

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Daniel Freess | | Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.5023 |
| Mailing Address 55 Soby Dr | | Amount of Each Receipt this Period 75.00 \$25.00/monthly |
| City West Hartford | State CT | Zip Code 06107 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer EMP Medical Group, LTD | Occupation Emergency Physician | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 225.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Daniel Geary | | Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.5026 |
| Mailing Address 142 Woodshire | | Amount of Each Receipt this Period 333.32 \$333.32/quarterly |
| City Pittsburgh | State PA | Zip Code 15215 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer EMP Medical Group, LTD | Occupation Emergency Physician | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 833.30 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. John Janikas | | Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : SA11AI.5031 |
| Mailing Address 43 Outlook Drive South | | Amount of Each Receipt this Period 249.99 \$83.33/monthly |
| City Mechanicville | State NY | Zip Code 12118 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer EMP Medical Group, LTD | Occupation Emergency Physician | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 749.97 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 658.31 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 13 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
Emergency Medicine Physicians PAC

A. Andrew Jenis
Full Name (Last, First, Middle Initial)

Mailing Address 115 Cayuga Heights Road

City Ithaca State NY Zip Code 14850

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **450.00**

Date of Receipt
 09 / 30 / 2014
Transaction ID : SA11AI.5032

Amount of Each Receipt this Period
150.00
 \$50.00/monthly

B. Joseph Kuchinski
Full Name (Last, First, Middle Initial)

Mailing Address 32 Woodland Ave

City Mountain Lakes State NJ Zip Code 07046

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **900.00**

Date of Receipt
 09 / 30 / 2014
Transaction ID : SA11AI.5038

Amount of Each Receipt this Period
300.00
 \$100.00/monthly

C. Sidney Lee
Full Name (Last, First, Middle Initial)

Mailing Address 701 15th Ave

City Honolulu State HI Zip Code 96816

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **450.00**

Date of Receipt
 09 / 30 / 2014
Transaction ID : SA11AI.5040

Amount of Each Receipt this Period
150.00
 \$50.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **600.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 13 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
Emergency Medicine Physicians PAC

A. Merci Madar
Full Name (Last, First, Middle Initial)
Mailing Address 7805 Valderrama Way
City Bradenton State FL Zip Code 34202
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2014
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **749.97**

Date of Receipt
09 / 30 / 2014
Transaction ID : SA11AI.5045
Amount of Each Receipt this Period
249.99
\$83.33/monthly

B. Rubeal Mann
Full Name (Last, First, Middle Initial)
Mailing Address 20 James River Rd
City Beaver creek State OH Zip Code 45434
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2014
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **650.01**

Date of Receipt
09 / 30 / 2014
Transaction ID : SA11AI.5046
Amount of Each Receipt this Period
300.00
\$100.00/monthly

c. Oliver Mayorga
Full Name (Last, First, Middle Initial)
Mailing Address 32 Church St
City Mystic State CT Zip Code 06355
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2014
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **450.00**

Date of Receipt
09 / 30 / 2014
Transaction ID : SA11AI.5049
Amount of Each Receipt this Period
150.00
\$50.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **699.99**
TOTAL This Period (last page this line number only).....

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

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

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

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

NAME OF COMMITTEE (In Full)
Emergency Medicine Physicians PAC

A. Mark Slabinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 3004 Edison St. NW
 City Uniontown State OH Zip Code 44685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **749.97**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11AI.5067
 Amount of Each Receipt this Period
 249.99
 \$83.33/monthly

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 249.99 |
| TOTAL This Period (last page this line number only).....▶ | 4432.29 |

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

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

FOR LINE NUMBER:
(check only one)

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

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 Medicine Physicians PAC

Full Name (Last, First, Middle Initial)

A. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO BOX 3433

City PALM DESERT State CA Zip Code 92261

Purpose of Disbursement
Contribution

011

Candidate Name
RAUL RUIZ

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : **SB23.4762**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE JOYCE

Mailing Address 320 KENARDEN DRIVE

City CLEVELAND State OH Zip Code 44143

Purpose of Disbursement
Contribution

011

Candidate Name
DAVID P JOYCE

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : **SB23.4768**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Friends of Heck Committee

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Contribution

011

Candidate Name
JOE HECK

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : **SB23.4763**

Amount of Each Disbursement this Period

4000.00

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

8250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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 Medicine Physicians PAC

Full Name (Last, First, Middle Initial)

A. FULL HOUSE PAC

Mailing Address PO BOX 530520

City HENDERSON State NV Zip Code 89053

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB23.4776

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. RECCHIA FOR CONGRESS

Mailing Address 172 GRAVESEND NECK ROAD

City BROOKLYN State NY Zip Code 11223

Purpose of Disbursement
Contribution

011

Candidate Name

DOMENIC M JR RECCHIA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : SB23.4771

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. RUIZ VICTORY FUND

Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement
Contribution

011

Candidate Name

RAUL RUIZ

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB23.4774

Amount of Each Disbursement this Period

500.00

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

1250.00

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

9500.00