

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- 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

Signature of Treasurer [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="2015"/>		10308.82
(b) Cash on Hand at Beginning of Reporting Period.....	10308.82	
(c) Total Receipts (from Line 19)	17010.54	17010.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	27319.36	27319.36
7. Total Disbursements (from Line 31).....	17750.00	17750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9569.36	9569.36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	9997.93	9997.93
(ii) Unitemized	7012.61	7012.61
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17010.54	17010.54
(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)	17010.54	17010.54
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))..... ▶	17010.54	17010.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17010.54	17010.54

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	0.00
(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	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17750.00	17750.00
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)) ..	17750.00	17750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17750.00	17750.00

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)	17010.54	17010.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17010.54	17010.54
36. 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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. Amit Arwindekar
 Full Name (Last, First, Middle Initial)
 Mailing Address 2043 W McLean Ave
 City Chicago State IL Zip Code 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2015
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼ **499.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.5661
 Amount of Each Receipt this Period
499.98
 \$83.33/monthly

B. 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: 2015
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼ **2500.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.5665
 Amount of Each Receipt this Period
2500.02
 \$416.67/monthly

C. 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: 2015
 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
 06 / 30 / 2015
Transaction ID : SA11AI.5670
 Amount of Each Receipt this Period
250.00
 \$250.00/one time

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

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

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

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NAME OF COMMITTEE (In Full)
Emergency Medicine Physicians PAC

A. 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: 2015
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼ **499.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.5676
 Amount of Each Receipt this Period
499.98
 \$83.33/monthly

B. Orion Colfer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2523 Hanover Ave
 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: 2015
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.5677
 Amount of Each Receipt this Period
300.00
 \$50.00/monthly

C. Timothy Corvino
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 Miles Road
 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: 2015
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼ **498.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.5684
 Amount of Each Receipt this Period
498.00
 \$83.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **1297.98**
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 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Emergency Medicine Physicians PAC

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

Mailing Address 142 Woodshire

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: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼ **499.98**

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

Transaction ID : SA11AI.5701

Amount of Each Receipt this Period
499.98

\$83.33/monthly

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

Mailing Address 43 Outlook Drive South

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: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼ **499.98**

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

Transaction ID : SA11AI.5710

Amount of Each Receipt this Period
499.98

\$83.33/monthly

C. 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: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼ **300.00**

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

Transaction ID : SA11AI.5711

Amount of Each Receipt this Period
300.00

\$50.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **1299.96**

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

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

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

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NAME OF COMMITTEE (In Full)
Emergency Medicine Physicians PAC

A. 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: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **500.00**

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

Transaction ID : SA11AI.5716

Amount of Each Receipt this Period
500.00

\$100.00/monthly

B. 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: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **300.00**

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

Transaction ID : SA11AI.5720

Amount of Each Receipt this Period
300.00

\$50.00/monthly

C. 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: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **300.00**

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

Transaction ID : SA11AI.5730

Amount of Each Receipt this Period
300.00

\$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Emergency Medicine Physicians PAC

A. Rubeal Mann
Full Name (Last, First, Middle Initial)
Mailing Address 20 James River Rd
City Beavercreek 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: 2015
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : SA11AI.5731
Amount of Each Receipt this Period **600.00**
\$100.00/monthly

B. 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: 2015
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : SA11AI.5736
Amount of Each Receipt this Period **300.00**
\$50.00/monthly

C. Michael Osmundson
Full Name (Last, First, Middle Initial)
Mailing Address 62 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: 2015
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **350.01**

Date of Receipt **06 / 30 / 2015**
Transaction ID : SA11AI.5746
Amount of Each Receipt this Period **350.01**
\$100.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **1250.01**
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 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Emergency Medicine Physicians PAC

A. David Packo
Full Name (Last, First, Middle Initial)

Mailing Address 4535 Dressler Rd NW

City State Zip Code
Canton OH 44718

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5747

Amount of Each Receipt this Period
1300.00
\$100.00/monthly

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

Mailing Address 3004 Edison St. NW

City State Zip Code
Uniontown OH 44685

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
499.98

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5762

Amount of Each Receipt this Period
499.98
\$83.33/monthly

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	1799.98
TOTAL This Period (last page this line number only).....	9997.93

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Emergency Medicine Physicians PAC

Full Name (Last, First, Middle Initial)

A. COURTNEY FOR CONGRESS

Mailing Address PO BOX 1372

City VERNON State CT Zip Code 06066

Purpose of Disbursement Contribution

011

Candidate Name
JOSEPH D COURTNEY

Category/Type

Office Sought: House Senate President
State: CT District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SB23.5655

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. 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: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SB23.5656

Amount of Each Disbursement this Period

5000.00

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: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : SB23.5654

Amount of Each Disbursement this Period

5000.00

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

10250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
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: 2015
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : SB23.5653

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. KIRK FOR SENATE

Mailing Address P.O. BOX 8

City WINNETKA State IL Zip Code 60093

Purpose of Disbursement contributino

011

Candidate Name

Category/Type

MARK STEVEN KIRK

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: IL District: 00

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : SB23.5650

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. LANGEVIN FOR CONGRESS

Mailing Address 181A KNIGHT STREET

City WARWICK State RI Zip Code 02886

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

JAMES R. HONORABLE LANGEVIN

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: RI District: 02

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SB23.5657

Amount of Each Disbursement this Period

500.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Emergency Medicine Physicians PAC

Full Name (Last, First, Middle Initial)

A. MURPHPAC

Mailing Address 410 1ST ST SE, FL 3

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2015
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : SB23.5651

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : SB23.5649

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. WILD AND WONDERFUL PAC

Mailing Address PO BOX 651374

City POTOMAC FALLS State VA Zip Code 20165

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2015
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : SB23.5652

Amount of Each Disbursement this Period

500.00

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

1500.00

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

17750.00