

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines National Emergency Medicine Political Action Committee

ADDRESS (number and street) 1125 Executive Circle Irving TX 75038 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00140061 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of TX

5. Covering Period 10 01 2008 through 10 15 2008

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 Phyllis Edans, CPA, CAE

Signature of Treasurer Electronically Filed by Phyllis Edans, CPA, CAE Date 10 15 2008

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

Office Use Only table with 7 columns and 1 row, followed by FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
National Emergency Medicine Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		634937.01
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	664188.18									
(c) Total Receipts (from Line 19)	28613.37	656732.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	692801.55	1291669.02								
7. Total Disbursements (from Line 31)	110694.30	709561.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	582107.25	582107.25								
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**

Write or Type Committee Name
National Emergency Medicine Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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	12783.37	310472.81
(i) Itemized (use Schedule A)	15830.00	336671.60
(ii) Unitemized	28613.37	647144.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	28613.37	647144.41
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	8587.60
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28613.37	656732.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28613.37	656732.01

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1194.30	8906.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1194.30	8906.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	109500.00	684000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	150.00
(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	150.00
29. Other Disbursements.....	0.00	16505.02
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election 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))..	110694.30	709561.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110694.30	709561.77

DETAILED SUMMARY PAGE
of Disbursements

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)	28613.37	647144.41
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28613.37	646994.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1194.30	8906.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1194.30	8906.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 29
(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)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Stephen H Andersen
Mailing Address 12202 E Gary Rd

City State Zip Code
Scottsdale AZ 85259-3301

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SEA Ltd Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 14 / 2008

Transaction ID: C518916

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dennis M Beck
Mailing Address Beacon medical Services Suite 800
3033 S Parker Rd

City State Zip Code
Aurora OH 80014-2938

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Beacon Medical Physician/CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2008

Transaction ID: C506048

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Bradford Lee Lee Borden
Mailing Address 50 Quail Ridge Dr

City State Zip Code
Chagrin Falls OH 44022-3606

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Emer Car Spec Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 14 / 2008

Transaction ID: C518982

Amount of Each Receipt this Period
250.00

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: PAGE 7 / 29
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Gerald William William Bortolazzo

Mailing Address 5226 Old Mountain Ln

City State Zip Code
Powder Springs GA 30127-4341

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Dr. Gerald William Bortolazzo Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 14 / 2008

Transaction ID: C518985

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Carol L Clark

Mailing Address 4728 Haddington DR

City State Zip Code
Bloomfield Hills MI 48304

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
William Beaumont Hospital emergency medicine physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2008

Transaction ID: C505544

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
David Frederic Cole

Mailing Address 8853 Sutton Way

City State Zip Code
salt Lake City UT 84121-6148

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
EPIC doctor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2008

Transaction ID: C516990

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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 / 29
	<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)
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) Marco Coppola		Date of Receipt MM / DD / YYYY 10 / 06 / 2008		
	Mailing Address 7105 Waldon Ct		Transaction ID: C506052		
	City Colleyville	State TX	Zip Code 76034-7319	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Questcare Med Svcs	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2600.00			

B.	Full Name (Last, First, Middle Initial) John L L Drew		Date of Receipt MM / DD / YYYY 10 / 14 / 2008		
	Mailing Address PO Box 311214 Apt 126		Transaction ID: C518943		
	City Enterprise	State AL	Zip Code 36331-1214	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Med Ctr Enterprise	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) David Neil Neil DuBois		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address 51 Abbottsford Dr		Transaction ID: C520136		
	City Pinehurst	State NC	Zip Code 28374-9757	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sandhills Emer Phys	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	300.00
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 9 / 29
	<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)
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) Jeremy Paul Paul Finkelstein		Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 2208 Brentwood Dr		Transaction ID: C517097
	City Houston	State TX	Zip Code 77019-3514
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer The Methodist Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Frank Fower		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 10832 Wrightwood Ln		Transaction ID: C520153
	City Studio City	State CA	Zip Code 91604-3952
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Hollywood Presbyterian Ho-sp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) David John John Gayton		Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 1820 Santa Gertrudis Dr		Transaction ID: C504433
	City Bismarck	State ND	Zip Code 58503-0863
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer St Alexius Medical Center	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Thomas L L Gray, Jr
Mailing Address 29962 Road 168
City Visalia State CA Zip Code 93292-9700
FEC ID number of contributing federal political committee. **C**
Name of Employer Kaweah Delta District Hosp Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 10 / 09 / 2008
Transaction ID: C517507
Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Leslie Kram Kram Greco
Mailing Address 217 Farmington Dr
City Lafayette State LA Zip Code 70503-8410
FEC ID number of contributing federal political committee. **C**
Name of Employer Iberia Med Ctr Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 14 / 2008
Transaction ID: C518967
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Michael D D Hagues
Mailing Address PO Box 7000
City Columbus State GA Zip Code 31908-7000
FEC ID number of contributing federal political committee. **C**
Name of Employer Emer Med Spec of Columbus Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 10 / 02 / 2008
Transaction ID: C504570
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 475.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Marc D D Larsen

Mailing Address 1101 Walnut St Unit 1307
Unit 1307

City State Zip Code
Kansas City MO 64106-4207

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

Name of Employer Occupation
Dr. Marc D Larsen Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: C520119

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Catherine Anna Marco

Mailing Address 7129 Jamesford Drive

City State Zip Code
Toledo OH 43617-1370

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

Name of Employer Occupation
University of Toledo physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: C520116

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jacob Mark Mark Meredith, III

Mailing Address 1231A Rt 532

City State Zip Code
Chatsworth NJ 08019-9711

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

Name of Employer Occupation
Cmnty Med Ctr ED Emergency Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.01

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: C520145

Amount of Each Receipt this Period
83.37

SUBTOTAL of Receipts This Page (optional) ► **1583.37**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Michael P P O'Mara

Mailing Address 4928 S Ellis Ave

City State Zip Code
Chicago IL 60615-2708

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

Name of Employer Occupation
Evergreen Emergency Svcs Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: C518930

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Timothy Martin Martin O'Toole

Mailing Address 2661 MacNaughten Rd NW

City State Zip Code
North Canton OH 44720-9546

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

Name of Employer Occupation
Aultman Hosp ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: C517101

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
David J J Pillow, Jr

Mailing Address 5332 Wateka Dr

City State Zip Code
Dallas TX 75209-5512

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

Name of Employer Occupation
St Paul Univ Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: C517100

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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 13 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Gregory Matthew Matthew Polites</p> <p>Mailing Address 400 S 14th St Apt 1008 Apt 1008</p> <p>City State Zip Code St Louis MO 63103-2720</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation WA Univ Med Ctr Campus Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2008</p> <p>Transaction ID: C517094</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Luis E E Rios, Jr</p> <p>Mailing Address 2409 Stockton Dr</p> <p>City State Zip Code Green Cv Spgs FL 32043-8795</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SE Emer Consult Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2008</p> <p>Transaction ID: C520143</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Gregory Conway Conway Risk</p> <p>Mailing Address 113 Arbon Ln</p> <p>City State Zip Code New Bern NC 28562-8729</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Craven Reg Med Ctr ED Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2008</p> <p>Transaction ID: C517784</p> <p>Amount of Each Receipt this Period 100.00</p>
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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: PAGE 14 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Richard M M Schwab

Mailing Address 307 Brookside Ave

City State Zip Code
Wyckoff NJ 07481-3417

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

Name of Employer Occupation
Holy Name Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	8

Transaction ID: C520123

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Roland Glenn Glenn Snearly

Mailing Address 8055 Twin Oaks Dr

City State Zip Code
Broadview Hts OH 44147-1035

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

Name of Employer Occupation
Dr. Roland Glenn Snearly Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	8

Transaction ID: C517508

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
W Duayne Storm

Mailing Address Unit 61307
Apt 12

City State Zip Code
APO AE 09803-1307

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

Name of Employer Occupation
State Dept State Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	8

Transaction ID: C505558

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **325.00**

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 15 / 29
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Michael Stratemeier

Mailing Address 7 Mulberry Ct

City Holtsville State NY Zip Code 11742-2526

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

Name of Employer Huntington Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 08 / 2008
Transaction ID: C517098
 Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Herbert Sutherland

Mailing Address 1345 Persimmon Dr

City St Charles State IL Zip Code 60174-1342

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

Name of Employer Central Dupage Hosp ED Dir Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 02 / 2008
Transaction ID: C504558
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Carluis Torres

Mailing Address 152 Estancias del Lago

City Caguas State PR Zip Code 00725-3364

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

Name of Employer Mennonite Gen Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 14 / 2008
Transaction ID: C518956
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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 16 / 29
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Philip C C Van Dongen

Mailing Address 75 May Apple Ln

City State Zip Code
Martinsburg WV 25403-1123

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

Name of Employer Occupation
Dr. Philip C Van Dongen Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: C517782

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Shawn Varney

Mailing Address 6558 S Richfield St

City State Zip Code
Aurora CO 80016-3168

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

Name of Employer Occupation
Dr. Shawn Varney Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: C518945

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Daniel R Wehner

Mailing Address 355 Bliss Street

City State Zip Code
Johnstown PA 15905-2755

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

Name of Employer Occupation
Conemaugh Valley Memorial Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: C516994

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 17 / 29

(check only one)

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

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James E Winslow, III

Mailing Address 731 Austin Ln

City State Zip Code
Winston Salem NC 27106

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

Name of Employer Occupation
Wake Forest University Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: C517092

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Gary David David Wright

Mailing Address 4299 W Morning Mist Dr

City State Zip Code
Fayetteville AR 72704-6375

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

Name of Employer Occupation
Washington Reg Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: C520146

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Charlotte S S Yeh

Mailing Address 345 West St

City State Zip Code
Dedham MA 02026-5519

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

Name of Employer Occupation
AARP Svcs Inc - CMO Emergency Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: C520137

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) ▶

1200.00

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

12783.37

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

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

FOR LINE NUMBER: (check only one)

PAGE 18 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)
National Emergency Medicine Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) AMERICAN COLLEGE OF EMERGENCY PHYSICIANS</p> <p>Mailing Address 1125 Executive Cir</p> <p>City Irving State TX Zip Code 75038-2522</p> <p>Purpose of Disbursement Reimb ACEP CK Request to Jim Usher/Bruce MacLeod attend Fundraiser for Rep Tim Murphy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73221</p> <p>Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 340.00</p>
<p>B. Full Name (Last, First, Middle Initial) AMERICAN COLLEGE OF EMERGENCY PHYSICIANS</p> <p>Mailing Address 1125 Executive Cir</p> <p>City Irving State TX Zip Code 75038-2522</p> <p>Purpose of Disbursement Reimb ACEP for Linda Lawrence attending Democratic National Convention</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73222</p> <p>Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 854.30</p>

SUBTOTAL of Disbursements This Page (optional) ►

1194.30

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

1194.30

**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)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress <hr/> Mailing Address P.O. Box 2232 <hr/> City Jenkintown State PA Zip Code 19046 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Allyson Y. Schwartz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D73270 Date of Disbursement 10 / 15 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy <hr/> Mailing Address P.O. Box 127 <hr/> City Cheshire State CT Zip Code 06410 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Christopher S. Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D72291 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends Of Bennie Thompson <hr/> Mailing Address P.O. Box 100 <hr/> City Bolton State MS Zip Code 39041 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bennie G. Thompson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D72287 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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)
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Bill Posey	Transaction ID: D72275 Date of Disbursement
	Mailing Address 1824 South Fiske Boulevard	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Rockledge State FL Zip Code 32955	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name Mr. Bill Posey	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Mark Warner	Transaction ID: D72284 Date of Disbursement
	Mailing Address 1029 North Royal Street 2nd Fl	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="5000.00"/>
	Candidate Name Mr. Mark Warner	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN THOMPSON	Transaction ID: D73272 Date of Disbursement
	Mailing Address P.O. Box 1112	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City State College State PA Zip Code 16804	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name Glenn Thompson	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) Goddard-Georgia Victory Committee	Transaction ID: D72282 Date of Disbursement
	Mailing Address P.O. Box 9460	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Warner Robins State GA Zip Code 31095	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal candidates	<input type="text" value="2500.00"/>
	Candidate Name Mr. Richard Goddard	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Guthrie For Congress	Transaction ID: D72279 Date of Disbursement
	Mailing Address PO Box 9639	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Bowling Green State KY Zip Code 42102	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name Mr. Steven Guthrie	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jeff Miller for Congress	Transaction ID: D72277 Date of Disbursement
	Mailing Address PO Box 126	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Pensacola State FL Zip Code 32591	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="5000.00"/>
	Candidate Name Jeff Miller for Congress	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)
John Shadeggs Friends

Mailing Address PO Box 45444

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John B. Shadegg

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D73269
Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
LANCE FOR CONGRESS

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067-0225

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Leonard Lance

Office Sought: House
 Senate
 President
State: NJ District: 07

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D72280
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
BEGICH, MARK

Mailing Address PO BOX 240287

City ANCHORAGE State AK Zip Code 99524

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Mark Begich

Office Sought: House
 Senate
 President
State: AK District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D72278
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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)
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS	Transaction ID: D72281 Date of Disbursement 10 / 01 / 2008
	Mailing Address 7964 W Fairview Avenue	Amount of Each Disbursement this Period 2500.00
	City Boise State ID Zip Code 83704	
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/ Type
	Candidate Name MINNICK FOR CONGRESS	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Our Future PAC	Transaction ID: D73278 Date of Disbursement 10 / 15 / 2008
	Mailing Address 1155 21st Street, NW Suite 300	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Contribution to Federal PAC	011 Category/ Type
	Candidate Name Our Future PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PUTNAM FOR CONGRESS	Transaction ID: D72276 Date of Disbursement 10 / 01 / 2008
	Mailing Address Post Office Box 2257	Amount of Each Disbursement this Period 4000.00
	City Bartow State FL Zip Code 33831	
	Purpose of Disbursement Contribution to Federal Candidates	011 Category/ Type
	Candidate Name Rep. Adam H. Putnam	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	11500.00
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)
National Emergency Medicine Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) FATTAH FOR CONGRESS</p> <p>Mailing Address 3900 Ford Road Suite 12-O</p> <p>City Philadelphia State PA Zip Code 19131</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Chaka Fattah</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73279 Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS</p> <p>Mailing Address 7840 Red Leaf Drive</p> <p>City Las Vegas State NV Zip Code 89131</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Dean Heller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72295 Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS</p> <p>Mailing Address P.O. Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72290 Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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)
National Emergency Medicine Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) JACKIE SPEIER FOR CONGRESS</p> <p>Mailing Address PO BOX 112</p> <p>City BURLINGAME State CA Zip Code 94011</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Jackie Speier</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72283 Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) CULBERSON FOR CONGRESS</p> <p>Mailing Address P.O. Box 41964</p> <p>City Houston State TX Zip Code 77241</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. John A. Culberson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73271 Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT LORETTA SANCHEZ</p> <p>Mailing Address 604 S Harbor Blvd</p> <p>City Santa Ana State CA Zip Code 92704-1340</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Loretta Sanchez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72292 Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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)
National Emergency Medicine Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) PAUL HODES FOR CONGRESS</p> <p>Mailing Address 26 SOUTH MAIN STREET, #253</p> <p>City Concord State NH Zip Code 03301</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Paul W. Hodes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72273</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) KUHL FOR CONGRESS</p> <p>Mailing Address 10 GANESVOORT STREET</p> <p>City BATH State NY Zip Code 14810</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Randy Kuhl</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72293</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) BOB BRADY FOR CONGRESS</p> <p>Mailing Address 2000 Market Street Suite 500</p> <p>City PHILADELPHIA State PA Zip Code 19103</p> <p>Purpose of Disbursement Contributions to Federal candidates</p> <p>Candidate Name Rep. Robert A. Brady</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72288</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	10000.00
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)
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) HAYES FOR CONGRESS	Transaction ID: D72294
	Mailing Address Post Office Box 2000	Date of Disbursement 10 / 01 / 2008
	City Concord State NC Zip Code 28026	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/Type
	Candidate Name Rep. Robin C. Hayes	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: D73280
	Mailing Address 3069 Conquista Court	Date of Disbursement 10 / 15 / 2008
	City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/Type
	Candidate Name Rep. Shelley Berkley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TOM FEENEY FOR CONGRESS	Transaction ID: D72274
	Mailing Address P. O. Box 622345	Date of Disbursement 10 / 01 / 2008
	City Oviedo State FL Zip Code 32762	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/Type
	Candidate Name Rep. Tom Feeney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	9000.00
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)
National Emergency Medicine Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS</p> <p>Mailing Address P.O. Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Tom E. Price, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D72289</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) REED COMMITTEE</p> <p>Mailing Address PO BOX 8628</p> <p>City CRANSTON State RI Zip Code 02920</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Jack Reed</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73273</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC</p> <p>Mailing Address 607 14TH STREET NW SUITE 800</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Mary L. Landrieu</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D73267</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 29

<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)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Stivers For Congress Mailing Address 81 S Fifth Street City Columbus State OH Zip Code 43215 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Mr. Steve Stivers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D72285 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 2500.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) TOM ROONEY FOR CONGRESS Mailing Address 2336 S. East Ocean Blvd. #313 City Stuart State FL Zip Code 34996 Purpose of Disbursement Contributions to Federal Candidates Candidate Name TOM ROONEY FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D72286 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

109500.00