

**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="3836.16"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2226.45"/>	<input type="text" value="24554.07"/>
(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="6062.61"/>	<input type="text" value="27176.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="500.00"/>	<input type="text" value="21614.26"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5562.61"/>	<input type="text" value="5562.61"/>
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).....	1332.99	12763.20
(ii) Unitemized	893.46	11790.87
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2226.45	24554.07
(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)	2226.45	24554.07
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))..... ▶	2226.45	24554.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2226.45	24554.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	500.00	20500.00
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)) ..	500.00	21614.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	21614.26

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)	2226.45	24554.07
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2226.45	24554.07
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 11
	<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. 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 ▼ **4166.70**

Date of Receipt **10 / 31 / 2014**

Transaction ID : SA11AI.5206

Amount of Each Receipt this Period **416.67**

\$416.67/monthly

B. 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 ▼ **833.30**

Date of Receipt **10 / 31 / 2014**

Transaction ID : SA11AI.5213

Amount of Each Receipt this Period **83.33**

\$83.33/monthly

C. 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: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 31 / 2014**

Transaction ID : SA11AI.5214

Amount of Each Receipt this Period **50.00**

\$50.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **550.00**

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 11
<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. Timothy Corvino
Full Name (Last, First, Middle Initial)
Mailing Address 128 Miles Road

City Chagrin Falls	State OH	Zip Code 44022
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FEC ID number of contributing federal political committee. **C**

Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician
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Receipt For: 2014
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼ **830.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

Transaction ID : SA11AI.5217

Amount of Each Receipt this Period

830.00

\$83.00/monthly

B. Clifford Erickson
Full Name (Last, First, Middle Initial)
Mailing Address 31 Forest Drive

City Voorheesville	State NY	Zip Code 12186
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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
10	/	31	/	2014

Transaction ID : SA11AI.5220

Amount of Each Receipt this Period

250.00

\$25.00/monthly

C. Daniel Freess
Full Name (Last, First, Middle Initial)
Mailing Address 55 Soby Dr

City West Hartford	State CT	Zip Code 06107
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FEC ID number of contributing federal political committee. **C**

Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician
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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
10	/	31	/	2014

Transaction ID : SA11AI.5224

Amount of Each Receipt this Period

250.00

\$25.00/monthly

SUBTOTAL of Receipts This Page (optional).....	133.00
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 11
	<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. John Janikas
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Outlook Drive South
 City State Zip Code
 Mechanicville NY 12118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMP Medical Group, LTD Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **833.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.5232
 Amount of Each Receipt this Period
83.33
 \$83.33/monthly

B. Andrew Jenis
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Cayuga Heights Road
 City State Zip Code
 Ithaca NY 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMP Medical Group, LTD Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.5233
 Amount of Each Receipt this Period
50.00
 \$50.00/monthly

C. Joseph Kuchinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Woodland Ave
 City State Zip Code
 Mountain Lakes NJ 07046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMP Medical Group, LTD Emergency Physician
 Receipt For: 2014
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.5239
 Amount of Each Receipt this Period
100.00
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	233.33
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 11
<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. 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 **500.00**

Date of Receipt **10 / 31 / 2014**
Transaction ID : SA11AI.5241
Amount of Each Receipt this Period **50.00**
\$50.00/monthly

B. 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 **833.30**

Date of Receipt **10 / 31 / 2014**
Transaction ID : SA11AI.5246
Amount of Each Receipt this Period **83.33**
\$83.33/monthly

C. 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 **750.01**

Date of Receipt **10 / 31 / 2014**
Transaction ID : SA11AI.5247
Amount of Each Receipt this Period **100.00**
\$100.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **233.33**
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 11
<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

Full Name (Last, First, Middle Initial) A. Oliver Mayorga		Date of Receipt 10 / 31 / 2014 Transaction ID : SA11AI.5250
Mailing Address 32 Church St		Amount of Each Receipt this Period 50.00 \$50.00/monthly
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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Carmella Percy		Date of Receipt 10 / 31 / 2014 Transaction ID : SA11AI.5257
Mailing Address 6875 Stonebridge Lane		Amount of Each Receipt this Period 50.00 \$50.00/monthly
City Clover	State SC	Zip Code 29710
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 250.00	

Full Name (Last, First, Middle Initial) C. Mark Slabinski		Date of Receipt 10 / 31 / 2014 Transaction ID : SA11AI.5267
Mailing Address 3004 Edison St. NW		Amount of Each Receipt this Period 83.33 \$83.33/monthly
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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 833.30	

SUBTOTAL of Receipts This Page (optional).....	183.33
TOTAL This Period (last page this line number only).....	1332.99

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. NEW HAMPSHIRE FOR SCOTT BROWN

Mailing Address 379 ELM ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
Contribtuion

011

Candidate Name

SCOTT P BROWN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

Transaction ID : SB23.5080

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

500.00

500.00
