07/15/2010 22:53

Image# 10990920455

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Emergency Medicine Political Action Committee 1125 Executive Circle ADDRESS (number and street) Check if different than previously Irving ΤX 75038 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00140061 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 04 0 1 2010 06 3 0 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Phyllis Edans, CPA, CAE Type or Print Name of Treasurer Electronically Filed by Phyllis Edans, CPA, CAE 04 15 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS 2 / 210

Write or Type Committee Name
National Emergency Medicine Political Action Committee

FEC Form 3X (Rev. 02/2003)

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1 2010 Y Y Y		815920.52
(b) Cash on Hand at Begining of Reporting Period	602064.62	
(c) Total Receipts (from Line 19)	354189.85	461096.64
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	956254.47	1277017.16
Total Disbursements (from Line 31)	260085.13	474057.87
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	696169.34	802959.29
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
D. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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) 3 / 210

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From: 0 4

D D 0 1

^Y 2010

. 0.6

D D 0

Y Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	208586.50	462069.64
	(ii) Unitemized	145229.66	359886.34
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	353816.16	460640.99
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	353816.16	460640.99
	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	373.69	455.65
	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
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	354189.85	461096.64
	Total Federal Receipts (subtract Line 18(c) from Line 19)	354189.85	461096.64

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 210

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		1
	Activity (from Schedule H4)	0.00	0.00
	(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
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	257000.00	469500.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
٥.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	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
		· · · · · · · · · · · · · · · · · · ·	
9.	Other Disbursements	3085.13	4557.87
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	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))	260085.13	474057.87
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	22227 :-	
	from Line 31)	260085.13	474057.87

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)	353816.16	460640.99
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	353816.16	460640.99
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

FE6AN026

SCHEDULE A (FEO	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 210 (check only one) X
or for commercial purposes, o	other than using the name and a	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE National Emergency N	(In Full) Medicine Political Action Co	mmittee	
Full Name (Last, First, Mic Miguel A A Acevedo Segui	, 		Date of Receipt
Mailing Address 2326		7in Oada	05 25 2010
City <u>Orlando</u>	State FL	Zip Code 32835-5962	Transaction ID: C925265 Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			1000.00
Name of Employer FL Emer Phys	Occupati Emerge	on ncy Physician	
Receipt For: Primary Other (specify) ▼	Aggregat	te Year-to-Date ▼ 1000.00	
Full Name (Last, First, Mic Ademola Adewale	, 	Date of Receipt	
Mailing Address 7031 I	Hiawassee Outlook Dr	06 29 2010	
City	State	Zip Code	Transaction ID: C947276
Orlando	FL_	32835	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			1000.00
Name of Employer Florida Emer Phys	Occupati Emerge	on ncy Physician	
Receipt For: Primary Ge Other (specify) ♥	eneral Aggrega	te Year-to-Date ▼ 1000.00	
Full Name (Last, First, Mic Marc K K Allen	ddle Initial)		Date of Receipt
Mailing Address 485 C Barrin			05 27 2010
City	State	Zip Code	Transaction ID: C928866
Aurora FEC ID number of contrib federal political committee		44202-8564	Amount of Each Receipt this Period 200.00
Name of Employer Dr. Marc K Allen	Occupati Emerge	on ency Physician	
Receipt For: Primary Go Other (specify) ▼		te Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts Thi	s Page (optional)		2200.00
	ge this line number only)	.	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 210 (check only one) X
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	ie name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ . .	Full Name (Last, First, Middle Initial) Marc K K Allen			Date of Receipt
	Mailing Address 485 Club Dr Barrington			05 27 2010
	City	State	Zip Code	Transaction ID: C930258
	Aurora FEC ID number of contributing federal political committee.	ОН	44202-8564	Amount of Each Receipt this Period 100.00
	Name of Employer Dr. Marc K Allen	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
- 3.	Full Name (Last, First, Middle Initial) Michael John Ameres Mailing Address 60 Highview Dr	1		Date of Receipt
	Mailing Address 60 Highview Dr	06 30 2010		
	City	State	Zip Code	Transaction ID: C947734
	Sag Harbor	NY	11963-2904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Southampton Hosp	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) Madeline Marie Marie Aponte Aponte Lopez			Date of Receipt
	Mailing Address 2222 Medical District	Dr #4202		06 30 7 9 9 9
	City	State	Zip Code	Transaction ID: C947705
	Dallas FEC ID number of contributing federal political committee.	C	75235-8050	Amount of Each Receipt this Period 500.00
	Name of Employer Dr. Madeline Marie Aponte Lopez	Occupation	on ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1100.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 210 (check only one) X
or for comme	on copied from such Reports and Strcial purposes, other than using the COMMITTEE (In Full) Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing Ad City Stratford FEC ID nu	ddress 18 E Laurel Rd	State NJ	Zip Code 08084-1327	Date of Receipt 2 7 2 0 1 0 Transaction ID: C930111 Amount of Each Receipt this Period 500.00
Name of E UMDNJ Receipt Fo	Employer or:		n ncy Physician e Year-to-Date ▼ 500.00	
Full Name Robert D D Mailing Ac		State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Joplin FEC ID nu federal po	umber of contributing litical committee.	MO C	64801-7329	Amount of Each Receipt this Period 250.00
Receipt Fo	or:		n ncy Physician Year-to-Date ▼ 250.00	
Full Name Crystal Art Mailing Ac				Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
City <u>Leonard</u>	umber of contributing	State MI	Zip Code 48367-2212	Transaction ID: C926264 Amount of Each Receipt this Period
	litical committee.	Occupation Emergen	n ncy Physician	250.00
Receipt Fo			e Year-to-Date ▼ 500.00	
SUBTOTAL	of Receipts This Page (optional)			1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 210 (check only one) X
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Steven E E Arze			Date of Receipt
	Mailing Address 1125 Waterside Cir			06 24 2010
	City Rockwall	State TX	Zip Code 75087-6007	Transaction ID: C943565
	FEC ID number of contributing federal political committee.	C	73007-0007	Amount of Each Receipt this Period 250.00
	Name of Employer EmCare	Occupation	n ncy Physician	
	Receipt For: Primary General Other (specify)	, ' 	e Year-to-Date ▼ 250.00]
 3.	Full Name (Last, First, Middle Initial) Andrew Luke Luke Aswegan Mailing Address 41 Forsythia Ln			Date of Receipt
				05 19 2010
	City Bear	State DE	Zip Code 19701-6301	Transaction ID: C929382 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	107010001	1000.00
	Name of Employer Union Hosp	Occupation Emergen	n Icy Physician	7
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ ;.	Full Name (Last, First, Middle Initial) Bruce S S Auerbach	1		Date of Receipt
	Mailing Address 8 Saddle Club Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C908768
	Lexington FEC ID number of contributing federal political committee.	C	02420-2115	Amount of Each Receipt this Period 100.00
	Name of Employer Sturdy Meml Hosp	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional))	1350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 210 (check only one) X	
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and add	dress of any political committee to	on for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) Bruce S S Auerbach Mailing Address 8 Saddle Club Rd City Lexington	State MA	Zip Code 02420-2115	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer Sturdy Meml Hosp Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	_ '	note Physician Para Year-to-Date 600.00		
Full Name (Last, First, Middle Initial) Bruce S S Auerbach Mailing Address 8 Saddle Club Rd	Bruce S S Auerbach			
City	State	Zip Code	0 6 2 2 2 0 1 0 Transaction ID: C936704	
Lexington	MA	02420-2115	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer Sturdy Meml Hosp		ıcy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00]	
Full Name (Last, First, Middle Initial) Rashid J J Baddoura	•		Date of Receipt	
Mailing Address 120 Heights Rd			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City	State	Zip Code	Transaction ID: C908799	
Ridgewood FEC ID number of contributing federal political committee.	NJ C	07450-2412	Amount of Each Receipt this Period 1000.00	
Name of Employer Valley Hospital	Occupatio Emerger	n Icy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00		
			1200.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 210 (check only one) X		
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
National Emergency Medicine Politi	cal Action Con	nmittee			
Full Name (Last, First, Middle Initial) Dominic Joseph Joseph Bagnoli, Jr			Date of Receipt		
Mailing Address 50 E Dr	Mailing Address 50 E Dr				
City Hartville	State OH	Zip Code 44632-8890	Transaction ID: C908882 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer Emer Med Phys Ltd	Occupatio Emerger	n ncy Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼			
Full Name (Last, First, Middle Initial) Tamera Counts Counts Barnes			Date of Receipt		
Mailing Address 14541 Sarum Ter					
City <u>Midlothian</u>	State VA	Zip Code 23113-6047	Transaction ID: C913288 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		100.00		
Name of Employer Henrico Doctor's Hospital	Occupatio Emerger	n ıcy Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00			
Full Name (Last, First, Middle Initial) Tamera Counts Counts Barnes			Date of Receipt		
Mailing Address 14541 Sarum Ter			05 25 2010		
City Midlothian	State VA	Zip Code 23113-6047	Transaction ID: C926280		
FEC ID number of contributing federal political committee.	C	23113*0047	Amount of Each Receipt this Period		
Name of Employer Henrico Doctor's Hospital	Occupatio Emerger	n Icy Physician			
Receipt For: Primary General Other (specify) ▼	_ , ' 	Year-to-Date ▼ 700.00			
SUBTOTAL of Receipts This Page (optional)		1200.00		
TOTAL This Period (last page this line numb	per only)	······			

SCHEDULE A	(FEC Form 3X) CEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 210 (check only one) X
or for commercial pur	poses, other than using the nam	e and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, F Tamera Counts Cou Mailing Address City Midlothian FEC ID number of federal political coulons of Employer Henrico Doctor's F Receipt For: Primary	contributing mmittee.	State Zip Code VA 23113-6047 C Decupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 0 5 25 2010 Transaction ID: C929319 Amount of Each Receipt this Period 100.00
City <u>Midlothian</u>	irst, Middle Initial) unts Barnes 14541 Sarum Ter	700.00 State Zip Code VA 23113-6047	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (speci	Hospital E	Coccupation Emergency Physician Aggregate Year-to-Date ▼ 700.00	100.00
Full Name (Last, F Brien Alfred Alfred E Mailing Address City Newton FEC ID number of federal political con	Barnewolt 68 Greenlawn Ave contributing	State Zip Code MA 02459-1714 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Tufts Med Ctr Receipt For: Primary Other (speci	General F	Emergency Physician Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Rece	ipts This Page (optional))	450.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Harris and a selection of the selection (s)	FOR LINE NUMBER: PAGE 13 / 210
•		Use separate schedule(s) for each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may	not be sold or used by any perso	on for the purpose of soliciting contributions
	name and add	aress or any political committee to	Solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	Action Com	amitta a	
National Emergency Medicine Political	Action Con	imiliee	
Full Name (Last, First, Middle Initial) Markintosh Barthelemy			Date of Receipt
Mailing Address 754 Elmwood Ave			M M / D D / Y Y Y Y
# 1			05 27 2010
City	State	Zip Code	Transaction ID: C929220
Buffalo	NY	14222-1641	Amount of Each Receipt this Period
FEC ID number of contributing			500.00
federal political committee.	C		500.00
Name of Employer SUNY Buffalo Gen Hosp	Occupation		7
	Emergen	cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	-	500.00	1
Other (specify) ▼	1 1	000.00	
Full Name (Last, First, Middle Initial)			
Melissa Ann Ann Barton			Date of Receipt
Mailing Address 510 W 4th St			M M / D D / Y Y Y Y
O.t.	01-1-	7:- Od-	04 13 2010
City	State Zip Code MI 48067-2402		Transaction ID: C906277
Royal Oak			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
rederal political committee.			
Name of Employer Sinai-Grace Hosp	Occupation		
·		cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	' '	1000.00	
Other (specify)	1 1		1
Full Name (Last, First, Middle Initial)			Data of Descipt
Andrew I I Bern Mailing Address 9846 NW 18th St			Date of Receipt
			04 28 2010
City	State	Zip Code	Transaction ID: C913296
Coral Spgs	FL	33071-5826	Amount of Each Receipt this Period
FEC ID number of contributing	С		83.33
federal political committee.			30.30
Name of Employer	Occupation		
Inphynet Team Hith	_ '	cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	' '	499.98	1
Other (specify)		100.00	1
CURTOTAL of Descripts This Days (selling the			1583.33
SUBTOTAL of Receipts This Page (optional)		·······	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any person the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Andrew I I Bern Mailing Address 9846 NW 18th St City Coral Spgs	State Zip Code FL 33071-5826	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Inphynet Team Hith Receipt For: Primary General Other (specify)	C Occupation Emergency Physician Aggregate Year-to-Date ▼	83.33
Full Name (Last, First, Middle Initial) Andrew I I Bern Mailing Address 9846 NW 18th St City Coral Spgs FEC ID number of contributing federal political committee. Name of Employer Inphynet Team HIth Receipt For: Primary General Other (specify)	State Zip Code FL 33071-5826 C Occupation Emergency Physician Aggregate Year-to-Date 499.98	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: C947281 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) John M M Bernard Mailing Address 99 Rt 37 West City Toms River FEC ID number of contributing federal political committee. Name of Employer Cmnty Med Ctr, ED Receipt For: Primary General Other (specify)	State Zip Code NJ 08755-6423 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: C929196 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	666.66

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the ımmary Page	FOR LINE NUMBER: PAGE 15 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or e name and address of any po	used by any persor ditical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	National Emergency Medicine Politica	I Action Committee		
٩.	Full Name (Last, First, Middle Initial) Stephen O Bernardon Mailing Address 755 Hurstborne Ln			Date of Receipt
		State 7in Code		04 16 2010
	City <u>Edgewood</u>	State Zip Code KY 41017-96	602	Transaction ID: C904507 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer St Elizabeth Med Ctr	Occupation Emergency Physician	1	1
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
_ 3.	Full Name (Last, First, Middle Initial) Stephen O Bernardon Mailing Address 755 Hurstborne Ln			Date of Receipt
	Mailing Address 755 Hurstborne Ln			05 26 2010
	City	State Zip Code		Transaction ID: C929656
	Edgewood FEC ID number of contributing federal political committee.	KY 41017-96	502	Amount of Each Receipt this Period
	Name of Employer St Elizabeth Med Ctr	Occupation Emergency Physician	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
- :.	Full Name (Last, First, Middle Initial) Michael Bernstein			Date of Receipt
	Mailing Address 8 Fox Run Rd			05 25 2010
	City	State Zip Code		Transaction ID: C926255
	Pennington FEC ID number of contributing federal political committee.	NJ 08534-96	640	Amount of Each Receipt this Period 250.00
	Name of Employer Emer Med Assoc	Occupation Emergency Physiciar	1	1
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date		
Γ	SUBTOTAL of Receipts This Page (optional) .	1		500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) National Emergency Medicine F	s and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Danny T T Berry Mailing Address 3015 Keystone I City Cape Girardeau FEC ID number of contributing federal political committee. Name of Employer SE MO Hosp		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C929284 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Michael Bessette Mailing Address EMA 651 W Mt Pleas City Livingston FEC ID number of contributing federal political committee. Name of Employer EMA Receipt For:	State Zip Code NJ 07039-1600 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C935507 Amount of Each Receipt this Period 1000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John D D Bibb	1000.00	Date of Receipt
Mailing Address 16449 Akron St City Pacific Plsds FEC ID number of contributing federal political committee. Name of Employer Cedars Sinai Medical Center Receipt For:	State Zip Code CA 90272-2304 C Occupation Emergency Physician Aggregate Year-to-Date	Transaction ID: C906483 Amount of Each Receipt this Period
Primary General Other (specify) ▼	Aggregate Year-to-Date 2000.00	2050.00
SUBTOTAL of Receipts This Page (opt	ional)	2250.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ /	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and ad	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Omar R R Billano Mailing Address 2831 Shook Hill Cir			Date of Receipt 0 5 2 5 2 0 1 0
	City	State AL	Zip Code	Transaction ID: C925264
	Birmingham FEC ID number of contributing federal political committee.	C	35223-2618	Amount of Each Receipt this Period 250.00
	Name of Employer Shelby Med Ctr Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date ▼ 250.00	
– В.	Full Name (Last, First, Middle Initial) Dale Scott Scott Birenbaum Mailing Address 3298 Kentshire Blvd			Date of Receipt
	City Ocoee FEC ID number of contributing federal political committee.	State FL	Zip Code 34761-4621	Transaction ID: C922616 Amount of Each Receipt this Period 1000.00
	Name of Employer FL Emer Phys Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date ▼	
с.	Full Name (Last, First, Middle Initial) Michelle Blanda Mailing Address 525 E Market St			Date of Receipt
	City Akron	State OH	Zip Code 44304-1619	Transaction ID: C926234 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Summa Health System ED	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	nd Statements may not be sold or used by any perso g the name and address of any political committee to tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph Tracy Tracy Bleier Mailing Address 4060 Tracy Ln City Greenville FEC ID number of contributing federal political committee. Name of Employer Dr. Joseph Tracy Bleier Receipt For: Primary General Other (specify)	State Zip Code TX 75402-5496 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y O 4 2 6 2 0 1 0 Transaction ID: C912369 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Frederick C C Blum Mailing Address 1470 Point Marion City Morgantown FEC ID number of contributing federal political committee. Name of Employer RCB-HSC Receipt For: Primary General	Rd State Zip Code WV 26508-1454 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Frederick C C Blum Mailing Address 1470 Point Marion City Morgantown FEC ID number of contributing federal political committee. Name of Employer RCB-HSC Receipt For: Primary General Other (specify)	Rd State Zip Code WV 26508-1454 C Occupation Emergency Physician Aggregate Year-to-Date 499.98	Date of Receipt M M M / D D / Y Y Y Y Y Y 0 5 2 5 2 0 1 0 Transaction ID: C926282 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (options	al)	666.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/210 (check only one) X 11a
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Action Com	nmittee	
Full Name (Last, First, Middle Initial) Frederick C C Blum			Date of Receipt
Mailing Address 1470 Point Marion	Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Morgantown	State WV	Zip Code 26508-1454	Transaction ID: C947282 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20000 1404	83.33
Name of Employer RCB-HSC	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) Ethan A A Booker			Date of Receipt
Mailing Address 417 T St NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C920735
Washington	DC	20001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Washington Hosp Ctr	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ashley E E Booth			Date of Receipt
Mailing Address Shands Jacksonvill 655 W 8th St	le Educ		0 4 2 8 2 0 1 0
City Jacksonville	State FL	Zip Code 32209-6511	Transaction ID: C913366 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32233 0311	250.00
Name of Employer Shands Jacksonville Educ	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l		1333.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	I Statements may not be sold or used by any pers he name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	Sai Action Committee	
Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg		Date of Receipt
Mailing Address 145 Oyster Point Ro	w	04 28 2010
City	State Zip Code	Transaction ID: C913279
Charleston	SC 29412-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Med Univ of SC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg		Date of Receipt
Mailing Address 145 Oyster Point Ro	w	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C926276
Charleston	SC 29412-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Med Univ of SC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg		Date of Receipt
Mailing Address 145 Oyster Point Ro	w	0 6 2 9 2 0 1 0
City	State Zip Code	Transaction ID: C947283
Charleston	SC 29412-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Med Univ of SC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
SUBTOTAL of Receipts This Page (optional)		249.99

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied fro or for commercial purpose	m such Reports and Statements, other than using the name an	s may not be sold or used by any person d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTE National Emergence	EE (In Full) y Medicine Political Action	Committee	
Full Name (Last, First, Shawn Martin Martin Bor	•		Date of Receipt
Mailing Address 160			06 15 2010
City Midlothian	Sta VA	te Zip Code 23113-6392	Transaction ID: C935200 Amount of Each Receipt this Period
FEC ID number of confederal political commit	tributing	20110 0002	500.00
Name of Employer Dr. Shawn Martin Borio	ch Occu	pation rgency Physician	
Receipt For: Primary Other (specify)	General Aggr	egate Year-to-Date ▼ 500.00	
Full Name (Last, First, Samuel Francis	,		Date of Receipt
Mailing Address 6 F	oxglove Ct		0 5 2 5 2 0 1 0
City	Sta	-	Transaction ID: C926239
Wynantskill FEC ID number of confederal political commit		12198-7801	Amount of Each Receipt this Period 1000.00
Name of Employer St Peters Hosp	Occu	pation	
Receipt For: Primary Other (specify)	General Aggr	rgency Physician egate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Bradford J J Bowls	Middle Initial)		Date of Receipt
	NW Ivanhoe Blvd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	Sta	•	Transaction ID: C922634
Orlando FEC ID number of confederal political commit		32804-5958	Amount of Each Receipt this Period 1000.00
Name of Employer FL Emer Phys		pation rgency Physician	
Receipt For: Primary Other (specify)	General Aggr	egate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts	L		2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 210 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any personante name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	ical Action Committee	
Full Name (Last, First, Middle Initial) Harold E Boyd		Date of Receipt
Mailing Address 5301 81st Avenue C		06 30 7 2010
City	State Zip Code	Transaction ID: C947733
Gig Harbor	WA 98335-6267	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Tacoma Emergency Care Phy- sicia	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Michael Francis Boyle		Date of Receipt
Mailing Address 12505 Nathaniel Oa	aks Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C921475
Oak Hill	VA 20171-1732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer BestPractices Inc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Alkesh Brahmbhatt		Date of Receipt
Mailing Address 1441 Langham Ter		05 21 YYYY 2010
City	State Zip Code	Transaction ID: C922656
Lake Mary	FL 32746-1967	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Florida Emergency Physici- ans	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00]
	l)	2000.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 210 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may r the name and addr	not be sold or used by any perso ess of any political committee to	n for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Comr	nittee	
Full Name (Last, First, Middle Initial) Robert L L Brandt			Date of Receipt
Mailing Address 2228 Cascade Lake	es Cir SE		05 25 7 2010
City	State	Zip Code	Transaction ID: C926250
Grand Rapids	MI	49546-6613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Synergy Med Education All-	Occupation	v Physiolog	
iance Receipt For:	- '	y Physician ∕ear-to-Date ▼	\dashv
Primary General	Aggregate	rear-to-Date ▼	1
Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initial) Robert L L Brandt			Date of Receipt
Mailing Address 2228 Cascade Lake	es Cir SE		05 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C926251
Grand Rapids	MI	49546-6613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Synergy Med Education All- iance	Occupation Emergenc	y Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) James Tracy Tracy Brown			Date of Receipt
Mailing Address 12528 Sr 78			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C926235
<u>Havana</u>	IL	62644-6866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer OSF St Francis Med Ctr	Occupation Emergence	y Physician	
Receipt For:	Aggregate \	'ear-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00]
SUBTOTAL of Receipts This Page (optional			850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 210 (check only one) X
	Statements may not be sold or used by any personal statements may not be sold or used by any personal statement and address of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Sara Ann Ann Brown		Date of Receipt
Mailing Address 16131 Fackler Rd	State Zip Code	06 08 2010
City Monroeville	IN 46773-9541	Transaction ID: C933063 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 40773 3341	300.00
Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Travis R B R B Brownell		Date of Receipt
Mailing Address 30 Spanish Bay		05 / 20 / 2010
City	State Zip Code	Transaction ID: C921473
N Sioux City	SD 57049-5447	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mercy Med Ctr Emer Med De- pt	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Heather Crooks Crooks Bruner		Date of Receipt
Mailing Address 125 W Belvedere Rd Apt 104		06 11 2010
City Norfolk	State Zip Code VA 23505-4722	Transaction ID: C933428
FEC ID number of contributing federal political committee.	VA 23505-4722	Amount of Each Receipt this Period 250.00
Name of Employer Riverside Regl Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Steven John John Brunetti			Date of Receipt
Mailing Address 416 W Church St			04 09 2010
City	State	Zip Code	Transaction ID: C904898
Archbald	PA	18403-1580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Emerg Serv PC	Occupatio	n ncy Physician	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Mablene Buggs			Date of Receipt
Mailing Address 2620 S 13th St Apt 202			0 5 1 1 2 0 1 0
City	State	Zip Code	Transaction ID: C917649
St Louis	MO	63118-1838	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Dr. Mablene Buggs	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Carol Talley Talley Burger			Date of Receipt
Mailing Address 101 Willow Point Way			0 6 0 8 2 0 1 0
City	State	Zip Code	Transaction ID: C933065
Easley	SC	29642-8272	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Greenville Mem Hosp ED	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any or fo	information copied from such Reports and or commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	IAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Com	nmittee	
<u>ل</u>	ull Name (Last, First, Middle Initial) loseph M M Bustamante, III			Date of Receipt
_	Mailing Address 1529 Lake Dr	01-1-	7: 0.1.	06 08 2010
	City Haslett	State MI	Zip Code 48840-8478	Transaction ID: C933061 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C	10010 0110	250.00
N T	lame of Employer CEP	Occupation Emergen	n ncy Physician	
R	Receipt For: Primary General Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 250.00	
. <u>J</u>	Full Name (Last, First, Middle Initial) effrey Dwayne Dwayne Butler Mailing Address 317 Seaforth Dr			Date of Receipt
_				06 11 2010
	City Bakersfield	State CA	Zip Code 93312-7001	Transaction ID: C935406
F	EC ID number of contributing ederal political committee.	C	33312-7001	Amount of Each Receipt this Period 100.00
N E	lame of Employer Or. Jeffrey Dwayne Butler	Occupation Emergen	n acy Physician	
R	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) leffrey Dwayne Dwayne Butler			Date of Receipt
N	Mailing Address 317 Seaforth Dr			0 6 1 5 2 0 1 0
	City	State	Zip Code	Transaction ID: C935187
	Bakersfield	CA	93312-7001	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
_	lame of Employer Dr. Jeffrey Dwayne Butler	- 	ıcy Physician	
R	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SUI	BTOTAL of Receipts This Page (optional) .			600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 210 (check only one) X	
		tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
\	ME OF COMMITTEE (In Full) ional Emergency Medicine Political	Action Com	nmittee		
	Name (Last, First, Middle Initial) othy Calicott			Date of Receipt	
Maili	ing Address 14623 Chambery Dr			06 03 2010	
City		State	Zip Code	Transaction ID: C931755	
<u>Littl</u>	e Rock	AR	72211-5586	Amount of Each Receipt this Period	
	ID number of contributing ral political committee.	C		250.00	
Nam Con	ne of Employer way Reg Med Ctr	Occupation Emergen	n cy Physician		
Rec	eipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00]	
	Name (Last, First, Middle Initial) othy Calicott	l		Date of Receipt	
	ing Address 14623 Chambery Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City		State	Zip Code	Transaction ID: C950870	
<u>Littl</u>	e Rock	AR	72211-5586	Amount of Each Receipt this Period	
	ID number of contributing ral political committee.	C		250.00	
Nam Con	ne of Employer way Reg Med Ctr	Occupation Emergen	n cy Physician		
Rece	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00		
	Name (Last, First, Middle Initial) es William William Callaghan			Date of Receipt	
	ing Address 216 Rosa Ave			0 4 2 9 2 0 1 0	
City		State	Zip Code	Transaction ID: C913335	
<u>Met</u>	tairie	LA	70005-3416	Amount of Each Receipt this Period	
FEC fede	ID number of contributing ral political committee.	C		100.00	
Nam Dr. J an	ne of Employer James William Callagh-	Occupation Emergen	n cy Physician		
	eipt For:	. ·	Year-to-Date ▼		
	Primary General Other (specify)		600.00	1	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 210 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	
National Emergency Medicine Polit	cal Action Committee	
Full Name (Last, First, Middle Initial) James William William Callaghan		Date of Receipt
Mailing Address 216 Rosa Ave City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Metairie	LA 70005-3416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. James William Callagh- an	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) James William William Callaghan Mailing Address 216 Rosa Ave		Date of Receipt
		06 26 2010
City	State Zip Code	Transaction ID: C947273
<u>Metairie</u>	LA 70005-3416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. James William Callagh- an	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Jorge L L Cambo	•	Date of Receipt
Mailing Address 1143 Raintree Pl		06 30 7 2010
City Winter Park	State Zip Code FL 32789-2563	Transaction ID: C950868 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Emer Phys Spec	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receints This Page (antions)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
Full Name (Last, First, Middle Initial) Michael L L Carius		Date of Receipt
Mailing Address Norwalk Hosp ED Cha 34 Maple St		04 05 2010
City <u>Norwa</u> lk	State Zip Code CT 06850-3815	Transaction ID: C903516 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Norwalk Hosp Emerg Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Cory Thomas Thomas Carpenter		Date of Receipt
Mailing Address 12106 Landings Blvd		0 6 0 3 2 0 1 0
City	State Zip Code	Transaction ID: C931748
<u>Berlin</u>	MD 21811-2752	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Peninsula Regl Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gary L L Carter	<u> </u>	Date of Receipt
Mailing Address 5408 NW 60th Terr		0 6 1 5 / Y Y Y Y Y
City	State Zip Code	Transaction ID: C935209
Kansas City FEC ID number of contributing federal political committee.	MO 64151-4394	Amount of Each Receipt this Period 250.00
Name of Employer North Kansas City Hosp	Occupation Emergency Physician	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	· ·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit		· ·	
Full Name (Last, First, Middle Initial) Matthew Caudle			Date of Receipt
Mailing Address 1624 Sagewood Dr	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Edmond	State OK	Zip Code 73013-2954	Transaction ID: C929140 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Integris Baptist Medical Cente	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Matthew Caudle			Date of Receipt
Mailing Address 1624 Sagewood Dr			06 03 7 2010
City Edmond	State OK	Zip Code 73013-2954	Transaction ID: C950894
FEC ID number of contributing federal political committee.	C	73013-2334	Amount of Each Receipt this Period 250.00
Name of Employer Integris Baptist Medical Cente	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Kahang Lee Lee Chan			Date of Receipt
Mailing Address 3839 Brantley PI Ci	r		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C922640
Apopka FEC ID number of contributing federal political committee.	FL C	32703-6855	Amount of Each Receipt this Period 1000.00
Name of Employer Dr. Kahang Lee Chan	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional			1350.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 210 (check only one)
ITEMIZED RECEIPTS		for each category of the	
TI EIMIZED TIEGEII 13		Detailed Summary Page	X 11a 11b 11c 12
[_		13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Politica	al Action Con	nmittee	
Full Name (Last, First, Middle Initial) Kahang Lee Lee Chan			Date of Receipt
Mailing Address 3839 Brantley PI Cir			0 6 1 8 2 0 1 0
City	State	Zip Code	Transaction ID: C935788
Apopka	FL	32703-6855	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Dr. Kahang Lee Chan	Occupation Emerger	n ncy Physician	
Receipt For:	, ' 	e Year-to-Date ▼	
Primary General	33 13		1
Other (specify) ▼	0 0	2000.00	
Full Name (Last, First, Middle Initial) Jason E E Cheatham			Date of Receipt
Mailing Address 3351 Indian Dr			■ ·
City	State	Zip Code	05 25 2010
Portsmouth	OH 45662-2408		Transaction ID: C926283
	OH	43002-2400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Southern Ohio Med Ctr	Occupation Emerger	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Michael C C Christopher			Date of Receipt
Mailing Address 6149 E Wilshire Dr			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C913364
Scottsdale	AZ	85257-1959	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer EMPower Emer Phys PC	Occupation Emerger	n ncy Physician	
Receipt For:	, ' 	e Year-to-Date ▼	
Primary General	33.233		1
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)	1		1375.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	d Statements may not be sold or used by any perso the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Leonardo Cisneros Mailing Address 5206 Overview Ct City Orlando FEC ID number of contributing federal political committee. Name of Employer FL Hosp Kissimmee Receipt For:	State Zip Code FL 32819-3853 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel J J Cole Mailing Address Trinity RegI Hosp E	D	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ft Dodge FEC ID number of contributing federal political committee. Name of Employer Trinity Regl Hosp ED Receipt For: Primary General Other (specify) ▼	State Zip Code IA 50501-5740 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Transaction ID: C920260 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Ronald V V Cordova Mailing Address 2700 Dolbeer St City Eureka FEC ID number of contributing federal political committee. Name of Employer North Coast Emer Phys Receipt For: Primary General Other (specify)	State Zip Code CA 95501-4736 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C931734 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional	l) >	2250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) National Emergency Medicine F	is and Statements may not be sold or used by any personsing the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kathleen Cowling Mailing Address 3400 midland ro City saginaw FEC ID number of contributing federal political committee.	State Zip Code MI 48603-9634	Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 6 2 0 1 0 Transaction ID: C910236 Amount of Each Receipt this Period 1000.00
Name of Employer Covenant Receipt For: Primary Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 1000.00]
Full Name (Last, First, Middle Initial) David E E Custodio Mailing Address 550 Oakmont Li City	n State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Aurora FEC ID number of contributing federal political committee.	OH 44202-8596	Amount of Each Receipt this Period 500.00
Name of Employer Summa Emer Assocd Inc Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Brian J J Cutcliffe Mailing Address 212 Chester St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Menlo Park FEC ID number of contributing	State Zip Code CA 94025-2520	Transaction ID: C905889 Amount of Each Receipt this Period
federal political committee. Name of Employer Kaiser Hayward	Occupation Physician	200.00
Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opt	ional)	1700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 210 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any pers e name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian J J Cutcliffe Mailing Address 212 Chester St City Menlo Park FEC ID number of contributing federal political committee. Name of Employer Kaiser Hayward Receipt For: Primary General Other (specify)	State Zip Code CA 94025-2520 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M D D D 2010 Transaction ID: C950843 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Randal L L Dabbs Mailing Address 1431 Centerpoint Blvd City Knoxville FEC ID number of contributing federal political committee. Name of Employer Team Health MidSouth Receipt For: Primary General Other (specify)	State Zip Code TN 37932-1983 C Occupation Emergency Physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M 26 26 2010 Transaction ID: C926232 Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) Mark J K J K Dalton Mailing Address 13 Madeline Ct City Farmingdale FEC ID number of contributing federal political committee. Name of Employer Jersey Emer Med Spec Receipt For: Primary General Other (specify)	State Zip Code NJ 07727-3882 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .	·····	2550.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 210 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Eric J J Daniel			Date of Receipt
Mailing Address 6134 Goliad Ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Dallas	State TX	Zip Code 75214-3630	Transaction ID: C906478
FEC ID number of contributing federal political committee.	C	73214-3030	Amount of Each Receipt this Period 250.00
Name of Employer EmCare	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Eric J J Daniel			Date of Receipt
Mailing Address 6134 Goliad Ave			0 6 2 1 Y Y Y Y Y
City Dallas	State TX	Zip Code	Transaction ID: C945172
FEC ID number of contributing federal political committee.	C	75214-3630	Amount of Each Receipt this Period 100.00
Name of Employer EmCare	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Paul T T David			Date of Receipt
Mailing Address 3507 Chuparosa Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Santa Barbara	State CA	Zip Code 93105-2614	Transaction ID: C906399
FEC ID number of contributing federal political committee.	C	93103-2014	Amount of Each Receipt this Period 125.00
Name of Employer Los Robles Reg Med Ctr ED	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)			475.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 210 (check only one) X
An	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/_</u> A.	Full Name (Last, First, Middle Initial) Scott H H David Mailing Address 966 Riverbrook Ct			Date of Receipt 0 5 2 7 2 0 1 0
	City Toms River	State NJ	Zip Code 08753-4490	Transaction ID: C929191 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Jersey Emer Med Spec Receipt For: Primary General Other (specify) ▼	,	n ncy Physician e Year-to-Date ▼ 500.00	
 B.	Full Name (Last, First, Middle Initial) Mark L L DeBard Mailing Address 1834 Chateaugay Way	y		Date of Receipt 0 5 2 5 2 0 1 0
	City	State	Zip Code	Transaction ID: C926272
	Blacklick FEC ID number of contributing federal political committee.	ОН	43004-8001	Amount of Each Receipt this Period 250.00
	Name of Employer OSU Hosp E	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Christie Del Castillo-Hegyi Mailing Address 700 La Veta Dr NE	I		Date of Receipt 0 5 2 5 2 0 1 0
	City	State	Zip Code	Transaction ID: C926237
	Albuquerque FEC ID number of contributing federal political committee.	C	87108-1408	Amount of Each Receipt this Period 250.00
	Name of Employer Presbyterian Hosp	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 350.00	
SI	JBTOTAL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 210 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Christie Del Castillo-Hegyi			Date of Receipt
Mailing Address 700 La Veta Dr NE			06 25 2010
City	State	Zip Code	Transaction ID: C944623
Albuquerque	NM	87108-1408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Presbyterian Hosp	Occupation	n Icy Physician	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initial) Mini R R DeLashaw	l		Date of Receipt
Mailing Address 3810 Elfland			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C912373
Dallas	TX	75229-3902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dr. Mini R DeLashaw	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Paul DePonte			Date of Receipt
Mailing Address 107 Baytree Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C922642
Winter Spgs	FL	32708-5122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Dr. Paul DePonte	Occupation	n cy Physician	
Receipt For: Primary General Other (specify) ▼	<u>, </u>	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 210 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Com	nmittee	
Full Name (Last, First, Middle Initial) H Scott Derstine			Date of Receipt
Mailing Address 510 W 4th St			05 15 2010
City	State	Zip Code	Transaction ID: C918484
Royal Oak FEC ID number of contributing federal political committee.	C	48067-2402	Amount of Each Receipt this Period 500.00
Name of Employer Med Ctr Emer Svcs	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Laurence R R DesRochers			Date of Receipt
Mailing Address 640 Harbor Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brick	State NJ	Zip Code 08724-4716	Transaction ID: C929192
FEC ID number of contributing federal political committee.	C	00724-4710	Amount of Each Receipt this Period 500.00
Name of Employer Comm Med Ctr ER/OP Svcs	Occupation	n cy Physician	
Receipt For:		Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	0 0	600.00	
Full Name (Last, First, Middle Initial) Jno Jacob Jacob Disch			Date of Receipt
Mailing Address 3892 Savoy Dr			0 6 2 1 2 0 1 0
City	State	Zip Code	Transaction ID: C944986
Fairview Park FEC ID number of contributing federal political committee.	C	44126-1766	Amount of Each Receipt this Period 500.00
Name of Employer Akron Gen Med Ctr	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 210 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any person the name and address of any political committee to tical Action Committee	
Full Name (Last, First, Middle Initial) Michelle C C DiVito Mailing Address 2813 27th St NW City Washington FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc	State Zip Code DC 20008-4129 C Occupation Emergency Physician	Date of Receipt M M M / 28 / 2010 Transaction ID: C913261 Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Michelle C C DiVito Mailing Address 2813 27th St NW		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C942092
Washington	DC 20008-4129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Emer Med Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) John J J Donadeo	1	Date of Receipt
Mailing Address 65 Parker Ave		05 27 2010
City	State Zip Code	Transaction ID: C929219
Manasquan FEC ID number of contributing federal political committee.	NJ 08736-3005	Amount of Each Receipt this Period 500.00
Name of Employer Dr. John J Donadeo	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	I NI	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any perso the name and address of any political committee to cical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Orland Edwin Donald Mailing Address 32 Quail Run Rd City Storrs Mansfield FEC ID number of contributing federal political committee. Name of Employer NE Emergency Med Spec Receipt For: Primary General Other (specify)	State Zip Code CT 06268-2768 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 6 2 4 2 0 1 0 Transaction ID: C950895 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Marc M M Dreier Mailing Address 295 Richards Rd City Ridgewood FEC ID number of contributing federal political committee. Name of Employer The Valley Hosp Receipt For: Primary General Other (specify)	State Zip Code NJ 07450-1009 C Occupation Emergency Physician Aggregate Year-to-Date 2500.00	Date of Receipt M M / D D / Y Y Y Y Y O 4 D O 6 2 D 1 0 Transaction ID: C904820 Amount of Each Receipt this Period 2500.00
Full Name (Last, First, Middle Initial) Robert Brian Brian Dunne Mailing Address 51800 9 Mile Rd City Northville FEC ID number of contributing federal political committee. Name of Employer St Joseph Mercy Hosp EM Receipt For: Primary General Other (specify)	State Zip Code MI 48167-9773 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (options	J	3750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Paul R Dwyer		Date of Receipt
Mailing Address 2490 Bluff Meadows		04 28 2010
City Grand Rapids	State Zip Code MI 49546-7906	Transaction ID: C913278 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 49340-7300	250.00
Name of Employer Metropolitan Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) James S S Eadie		Date of Receipt
Mailing Address 201 N Lowell Ln Apt 226		06 03 7 2010
City	State Zip Code	Transaction ID: C933669
Austin FEC ID number of contributing federal political committee.	TX 78733-4223	Amount of Each Receipt this Period 1000.00
Name of Employer Wilford Hall Med Ctr ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Barbara Sarah Sarah Echo		Date of Receipt
Mailing Address 215 E Meadowlane	Rd	0 6 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C950867
Spokane	WA 99224-9213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Spokane Emergency Physici- ans	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	I Statements may not be sold or used by any person the name and address of any political committee to call Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jill R R Eckenberger Mailing Address 10511 Wildbrooke C Apt 416 City Spotsylvania FEC ID number of contributing federal political committee. Name of Employer Fredericksburg Emer Med	State Zip Code VA 22551-8912 C Occupation Emergency Physician	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C950892 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Irv E E Edwards Mailing Address 111 N Sepulveda Ste Ste 210 City Manhattan Bch FEC ID number of contributing federal political committee. Name of Employer Chino Valley Med Ctr Receipt For: Primary General Other (specify)	State Zip Code CA 90266-6849 C Occupation Emergency Physician Aggregate Year-to-Date 5000.00	Date of Receipt M M / 28 / 2010 Transaction ID: C913363 Amount of Each Receipt this Period 2500.00
Full Name (Last, First, Middle Initial) Medhat El-Kharboutly Mailing Address 8 Trinity PI City Toms River FEC ID number of contributing federal political committee. Name of Employer Community Medical Center ED Receipt For: Primary General Other (specify)	State Zip Code NJ 08753-2220 C Occupation Emergency Physician Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	3250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any person the name and address of any political committee to cical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Emile El-Shammaa Mailing Address 287 Bristol Way City Worthington FEC ID number of contributing federal political committee. Name of Employer OH State Univ Med Ctr	State Zip Code OH 43085-3272 C Occupation Emergency Physician	Date of Receipt M M O O O O O O O O O O O O O O O O O
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Emile El-Shammaa Mailing Address 287 Bristol Way City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 1 5 2 0 1 0 Transaction ID: C935218
Worthington FEC ID number of contributing federal political committee. Name of Employer OH State Univ Med Ctr	OH 43085-3272 C Occupation	Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Jeff Engel Mailing Address 528 North Blvd.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C917651
Huntington FEC ID number of contributing federal political committee.	WV 25701	Amount of Each Receipt this Period 2000.00
Name of Employer Ashland Emergency Medical Associates	Occupation Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional	hl)	2600.00

Any information copied from such Reports and State or for commercial purposes, other than using the national purposes, other than using the national commercial purposes, other than using the national purposes. Full Name (Last, First, Middle Initial) Clifford Erickson Name of Employer Dr. Clifford Erickson Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Clifford Erickson Mailing Address 31 Forest Dr	ame and address of any political committee to s	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Clifford Erickson Mailing Address 31 Forest Dr City Voorheesville FEC ID number of contributing federal political committee. Name of Employer Dr. Clifford Erickson Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Clifford Erickson Mailing Address 31 Forest Dr	NY 12186-9530 C Occupation Emergency Physician Aggregate Year-to-Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Dr. Clifford Erickson Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Clifford Erickson Mailing Address 31 Forest Dr	Occupation Emergency Physician Aggregate Year-to-Date	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Clifford Erickson Mailing Address 31 Forest Dr	Emergency Physician Aggregate Year-to-Date ▼	-
. Clifford Erickson Mailing Address 31 Forest Dr		
0''		Date of Receipt 0 5 2 5 2 0 1 0
City Voorheesville FEC ID number of contributing	State Zip Code NY 12186-9530	Transaction ID: C926275 Amount of Each Receipt this Period 83.33
Name of Employer Dr. Clifford Erickson	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) Clifford Erickson Mailing Address 31 Forest Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Voorheesville	State Zip Code NY 12186-9530	Transaction ID: C947284 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Dr. Clifford Erickson Receipt For:	Occupation Emergency Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
SUBTOTAL of Receipts This Page (optional)		249.99

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 210 (check only one) X
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Angelo L L Falcone			Date of Receipt
	Mailing Address Montgomery Emer Phy 20251 Century Blvd St			06 11 2010
	City	State	Zip Code	Transaction ID: C933426
	Germantown	MD	20874-1199	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Montgomery Emer Phys	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
_ В.	Full Name (Last, First, Middle Initial) Oliver Fannin, III	I		Date of Receipt
	Mailing Address 807 Cedar Park Dr			05 25 7 2010
	City	State	Zip Code	Transaction ID: C925262
	West Lake Hills	TX	78746-4517	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Oliver Fannin, III	, ' -	ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		250.00	
с. С.	Full Name (Last, First, Middle Initial) Frank Joseph Joseph Fasullo, Jr	•		Date of Receipt
	Mailing Address 1111 Woodland Dr			06 08 7 2010
	City	State	Zip Code	Transaction ID: C933062
	El Lago	TX	77586-6044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Frank J Fasulo Jr MD PA	, ' 	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		2500.00
ı	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	d Statements may not be sold or used by any personant the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Eric James James Feese Mailing Address 179 Ambleside Ct City Port Matilda	State Zip Code PA 16870-7144	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Centre Emerg Med Assoc	Occupation	500.00
Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Gregory A Fernandez Mailing Address 301 Fairway Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C935564
New Orleans FEC ID number of contributing federal political committee.	C 70124-1020	Amount of Each Receipt this Period 250.00
Name of Employer LJ Chabert Med Ctr Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) John T Finnell, II		Date of Receipt
Mailing Address 8324 Tilly Mill Ln		05 25 2010
City Indianapolis	State Zip Code IN 46278-5037	Transaction ID: C926271 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 40270-3037	250.00
Name of Employer Indiana Univ Schl of Med	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (options	l)	1000.00

	ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47/210 (check only one)
Any infor	rmation copied from such Reports and S mmercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	E OF COMMITTEE (In Full) onal Emergency Medicine Politica	I Action Con	nmittee	
	Jame (Last, First, Middle Initial) a Siler Siler Fisher			Date of Receipt
Mailin	ng Address 79 Lakeside Green			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C913362
<u>The</u>	Woodlands	TX	77382-2078	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		100.00
Name Great	e of Employer ter Houston Emer Phys	Occupation Emergen	n Icy Physician	
Recei	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	Jame (Last, First, Middle Initial) a Siler Siler Fisher	l.		Date of Receipt
Mailin	ng Address 79 Lakeside Green			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C926284
	Woodlands	TX	77382-2078	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		100.00
Name Great	e of Employer ter Houston Emer Phys	Occupation Emergen	n ncy Physician	
	ipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 600.00	
	Jame (Last, First, Middle Initial) a Siler Siler Fisher	l		Date of Receipt
	ng Address 79 Lakeside Green			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C947286
The	Woodlands	TX	77382-2078	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		100.00
Name Great	e of Employer ter Houston Emer Phys	Occupation Emergen	n acy Physician	
	ipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
	TAL of Receipts This Page (optional)	[300.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 210 (check only one) X 11a
or for	offormation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full)	Statements may e name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ational Emergency Medicine Political	l Action Com	mittee	
. Dia	II Name (Last, First, Middle Initial) ana L L Fite			Date of Receipt
Mia — Cit	ailing Address 15806 Maple Falls Ct	State	Zip Code	0 4 2 8 2 0 1 0 Transaction ID: C913274
	omball	TX	77377-8762	Amount of Each Receipt this Period
FE	CC ID number of contributing deral political committee.	C	11017 0702	83.33
Na Me	ume of Employer eth Willowbrook Hosp ED	Occupation Emergen	n cy Physician	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65	
Dia	II Name (Last, First, Middle Initial)	1		Date of Receipt
	ailing Address 15806 Maple Falls Ct			05 25 2010
Cit	•	State	Zip Code	Transaction ID: C926279
FE	omball C ID number of contributing deral political committee.	C	77377-8762	Amount of Each Receipt this Period 83.33
Na Me	me of Employer eth Willowbrook Hosp ED	Occupation Emergen	n cy Physician	
Re	eceipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 416.65	
	II Name (Last, First, Middle Initial) ana L L Fite	1		Date of Receipt
Ma	ailing Address 15806 Maple Falls Ct			06 29 2010
Cit	•	State	Zip Code	Transaction ID: C947287
	omball	TX	77377-8762	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	С		83.33
	ıme of Employer eth Willowbrook Hosp ED	, ' 	cy Physician	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65	
		•		249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any persone name and address of any political committee to all Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz Mailing Address 6021 90th St City Lubbock FEC ID number of contributing federal political committee. Name of Employer Covenant Med Grp Receipt For: Primary General Other (specify)	State Zip Code TX 79424-0814 C Occupation Emergency Physician Aggregate Year-to-Date 549.96	Date of Receipt M M M / D D D / Y Y Y Y Y O 4 28 2010 Transaction ID: C913361 Amount of Each Receipt this Period 91.66
Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz Mailing Address 6021 90th St City Lubbock FEC ID number of contributing federal political committee. Name of Employer Covenant Med Grp Receipt For: Primary General Other (specify)	State Zip Code TX 79424-0814 C Occupation Emergency Physician Aggregate Year-to-Date 549.96	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C929776 Amount of Each Receipt this Period 91.66
Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz Mailing Address 6021 90th St City Lubbock FEC ID number of contributing federal political committee. Name of Employer Covenant Med Grp Receipt For: Primary General Other (specify)	State Zip Code TX 79424-0814 C Occupation Emergency Physician Aggregate Year-to-Date 549.96	Date of Receipt M M M / D D M 2 9
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	274.98

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 210 (check only one) X 11a
or f	vinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Deborah D D Fletcher	Tiolion Con		Date of Receipt
	Mailing Address 209 Captain HM Shrev	e Blvd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C933427
	Shreveport	LA	71115-2987	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Emer Care Assoc	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) Kelly Foley			Date of Receipt
	Mailing Address 1133 Pond Cypress Dr			04 28 2010
	City	State	Zip Code	Transaction ID: C913360
	Virginia Bch	VA	23455-6859	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Emer Phys of Tidewater	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 625.00	
	Full Name (Last, First, Middle Initial) Kelly Foley			Date of Receipt
	Mailing Address 1133 Pond Cypress Dr			05 / 25 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C926285
	Virginia Bch	VA	23455-6859	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Emer Phys of Tidewater		ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 625.00	
SU	JBTOTAL of Receipts This Page (optional)			550.00
T.	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 210 (check only one) X
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Johnnie Ford, Jr Mailing Address 5509 Bootjack Dr City Frederick FEC ID number of contributing federal political committee. Name of Employer Howard Univ Hosp Receipt For: Primary General Other (specify)	State Zip Code MD 21702-2305 C Occupation Emergency Physician Aggregate Year-to-Date 300.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Marsha D D Ford Mailing Address Carolinas Med Ctr ED PO Box 32861 City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas Med Ctr ED Receipt For: Primary General Other (specify)	State Zip Code NC 28232-2861 C Occupation Emergency Physician Aggregate Year-to-Date 252.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 5 2 1 0 Transaction ID: C926286 Amount of Each Receipt this Period 84.00
Full Name (Last, First, Middle Initial) Marsha D D Ford Mailing Address	State Zip Code NC 28232-2861 C Occupation Emergency Physician Aggregate Year-to-Date 252.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 29 2010 Transaction ID: C947288 Amount of Each Receipt this Period 42.00
SUBTOTAL of Receipts This Page (optional)		426.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 210 (check only one) X 11a
or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Thomas Webster Webster Fowlie, Jr		Date of Receipt
Mailing Address 32 Kingswood Ct City	State Zip Code	0 5 2 7 2 0 1 0 Transaction ID: C929194
Belle Mead	NJ 08502-5227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Comm Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Vidor E E Friedman Mailing Address 13061 Water Pt Blve		Date of Receipt
Maining Address 15001 Water 1 t Biv		05 21 2010
City	State Zip Code	Transaction ID: C922650
Windermere	FL 34786-5818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer FL Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Vicki Kay Kay Friend		Date of Receipt
Mailing Address 5753 Aloma Woods	Blvd	05 21 7 2010
City	State Zip Code	Transaction ID: C922641
Oviedo FEC ID number of contributing federal political committee.	FL 32765-9437	Amount of Each Receipt this Period 1000.00
Name of Employer FL Hosp of E Orlando	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line numb	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Wayne S S Friestad Mailing Address 1528 Langham Terr City Lake Mary FEC ID number of contributing federal political committee. Name of Employer FL Emer Phys Receipt For: Primary General	State Zip Code FL 32746-1971 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 0 5 2 1 2 0 1 0 Transaction ID: C922655 Amount of Each Receipt this Period 1000.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Brent F F Gardner Mailing Address 640 E Club Cir	1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Longwood FEC ID number of contributing federal political committee.	State Zip Code FL 32779-2256	Amount of Each Receipt this Period 1000.00
Name of Employer FL Emer Phys Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1250.00	
Full Name (Last, First, Middle Initial) Laurence J J Gavin Mailing Address Presbyterian Med Ctr 39th & Market St		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Philadelphia FEC ID number of contributing federal political committee.	State Zip Code PA 19104 C	Transaction ID: C904517 Amount of Each Receipt this Period 365.00
Name of Employer Presbyterian Med Ctr ED Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 365.00	
SUBTOTAL of Receipts This Page (optional) .		2365.00
TOTAL This Period (last page this line number	r only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 210 (check only one) X
A C	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	al Action Con	nmittee	
	Full Name (Last, First, Middle Initial) Christopher M M Gentle			Date of Receipt
	Mailing Address 12813 Little Elliott Dr	Apt 11		05 04 2010
	City <u>Hagerstown</u>	State MD	Zip Code 21742-2762	Transaction ID: C915439 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Washington Cnty Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Michael Joseph Joseph Gerardi			Date of Receipt
	Mailing Address 29 Heritage Ct			04 28 2010
	City	State	Zip Code	Transaction ID: C913272
	Randolph FEC ID number of contributing	NJ	07869-3534	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Emer Med Assoc	Occupatio Emergen	n ncy Physician	
	Receipt For:	, ·	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2000.00	
_	Full Name (Last, First, Middle Initial) Michael Joseph Joseph Gerardi			Date of Receipt
	Mailing Address 29 Heritage Ct			05 11 2010
	City	State	Zip Code	Transaction ID: C917776
	Randolph FEC ID number of contributing federal political committee.	C	07869-3534	Amount of Each Receipt this Period 1000.00
	Name of Employer Emer Med Assoc	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)	1		1500.00

or for commercial p NAME OF COM National Eme Full Name (Last Michael Joseph A	purposes, other than using the purposes, other than using the purposes, other than using the purpose of the pur	name and address of any political committe	Date of Receipt Date of Receipt Transaction ID: C947289 Amount of Each Receipt this Period
Full Name (Last Michael Joseph Mailing Address City Randolph FEC ID number federal political Name of Emplo Emer Med Asso	ergency Medicine Political Fig., First, Middle Initial) Joseph Gerardi Fig. 29 Heritage Ct Fig. of contributing committee. Syer Fig. General Fig. General Fig. of General Fig. of General Fig. of General	State Zip Code NJ 07869-3534 C Occupation Emergency Physician Aggregate Year-to-Date 2000.00	M M M / 29 2010 Transaction ID: C947289 Amount of Each Receipt this Period
Michael Joseph Mailing Address City Randolph FEC ID number federal political Name of Emplo Emer Med Asso	of contributing committee. General ecify)	NJ 07869-3534 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 2000.00	M M M / 29 2010 Transaction ID: C947289 Amount of Each Receipt this Period
City Randolph FEC ID number federal political Name of Emplo Emer Med Asso	of contributing committee. yer General ecify)	NJ 07869-3534 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 2000.00	Transaction ID: C947289 Amount of Each Receipt this Period
Randolph FEC ID number federal political Name of Emplo Emer Med Asso	yer oc General ecify)	NJ 07869-3534 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 2000.00	Amount of Each Receipt this Period
FEC ID number federal political Name of Emplo Emer Med Asso	yer oc General ecify)	Occupation Emergency Physician Aggregate Year-to-Date 2000.00	
Receipt For:	☐ General ecify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 2000.00	
	ecify) ▼	2000.00	
Other (sp			
James L L Gerfir			Date of Receipt
Mailing Address	339 Danville Dr		05 27 2710
City		State Zip Code	Transaction ID: C930112
<u>Williamstowr</u>	1	NJ 08094-8811	Amount of Each Receipt this Period
FEC ID number federal political		C	500.00
Name of Emplo Univ of VA HIth	yer Syst	Occupation Emergency Physician	
Receipt For: Primary Other (sp.	General ecify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last	r, First, Middle Initial) ci		Date of Receipt
Mailing Address	268 Calvin Pl		06 15 2010
City		State Zip Code	Transaction ID: C935212
Santa Cruz FEC ID number		CA 95060-3126	Amount of Each Receipt this Period 250.00
federal political	committee.	9	
Name of Emplo Dr. David Ghila	yer rducci	Occupation Emergency Physician	
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Re	eceipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persolress of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Com	mittee	
Full Name (Last, First, Middle Initial) Thomas Giles			Date of Receipt
Mailing Address 1212 Cypress PI			05 27 2010
City	State	Zip Code	Transaction ID: C929195
Forked River	NJ	08731-4530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Jersey Emerg Med Spec, PC	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Len Glover			Date of Receipt
Mailing Address 1209 Rutherford Rdg			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C942088
O'Fallon	IL	62269	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Midwest Emer Dept Serv	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Bernadette Boyd Boyd Gniadecki			Date of Receipt
Mailing Address 10424 Long Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C913257
Oak Lawn	<u>IL</u>	60453-4645	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dr. Bernadette Boyd Gniad- ecki	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC For ITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Re or for commercial purposes, other that	ports and Statements ma an using the name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicir	ne Political Action Con	nmittee	
Full Name (Last, First, Middle Initi David Andrew Andrew Goldman	al)		Date of Receipt
Mailing Address 428 Raccoor	n St		05 21 2010
City	State	Zip Code	Transaction ID: C922644
Lake Mary FEC ID number of contributing federal political committee.	FL C	32746-3802	Amount of Each Receipt this Period 1000.00
Name of Employer FL Emer Phys	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initi Mylissa Amy Amy Graber Mailing Address 7809 Trieste	, 		Date of Receipt
011		7: 0 1	04 28 2010
City Delray Bch	State FL	Zip Code 33446-4403	Transaction ID: C913359
FEC ID number of contributing federal political committee.	C	33440-4403	Amount of Each Receipt this Period 100.00
Name of Employer Coral Springs Med Ctr	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initi Mylissa Amy Amy Graber	al)		Date of Receipt
Mailing Address 7809 Trieste	Pl		05 25 2010
City	State	Zip Code	Transaction ID: C926287
Delray Bch FEC ID number of contributing	FL	33446-4403	Amount of Each Receipt this Period
federal political committee.	C		100.00
Name of Employer Coral Springs Med Ctr	Occupatio Emerger	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		600.00	
CURTOTAL of Passints This Pass	(antique)		1200.00
SUBTOTAL of Receipts This Page TOTAL This Period (last page this I			1200.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 210 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber Mailing Address 7809 Trieste PI City Delray Bch FEC ID number of contributing federal political committee. Name of Employer Coral Springs Med Ctr Receipt For: Primary General Other (specify)	 	Zip Code 33446-4403 In acy Physician e Year-to-Date ▼ 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ken John John Gramyk Mailing Address PO Box 729 City Sagle FEC ID number of contributing federal political committee. Name of Employer Lake Pend Oreille Emer Med Receipt For: Primary General Other (specify)	, '	Zip Code 83860-0729 on ncy Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C916865 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Stephen A D A D Grant Mailing Address 1 Cherry Hills Dr City Aiken FEC ID number of contributing federal political committee. Name of Employer Aiken Emer Med Phys Receipt For: Primary General Other (specify)	,	Zip Code 29803-5688 In nory Physician e Year-to-Date ▼ 499.98	Date of Receipt M M / D D / Y Y Y Y Y O 4 28 2010 Transaction ID: C913358 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional))	433.33

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 210 (check only one) X
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) National Emergency Medicin	using the name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial Stephen A D A D Grant Mailing Address 1 Cherry Hills City Aiken FEC ID number of contributing federal political committee. Name of Employer Aiken Emer Med Phys Receipt For:	State SC C Occupation Emergence	Zip Code 29803-5688 cy Physician Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 0 5
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial Stephen A D A D Grant Mailing Address 1 Cherry Hills		499.98	Date of Receipt
City Aiken FEC ID number of contributing federal political committee. Name of Employer Aiken Emer Med Phys Receipt For: Primary General Other (specify)		Zip Code 29803-5688 cy Physician Year-to-Date ▼ 499.98	Transaction ID: C947291 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial Lynda Gail Gail Gray Mailing Address 2896 W Kens City Fresno FEC ID number of contributing	ington Ln State CA	Zip Code 93711-1159	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer Kaiser Permanente Hosp Receipt For: Primary General Other (specify) ▼		cy Physician Year-to-Date ▼ 350.00	100.00
SUBTOTAL of Receipts This Page	optional)		266.66

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any personal statements may not be sold or used by any personal the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Andrea L L Green		Date of Receipt
Mailing Address 22428 Springflower City	Dr State Zip Code	0 4 2 8 2 0 1 0 Transaction ID: C913367
Golden	CO 80401-8033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. Andrea L'Green	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Robert D D Greenberg Mailing Address Scott & White		Date of Receipt
2401 S 31st St		04 28 2010
City	State Zip Code	Transaction ID: C913357
Temple FEC ID number of contributing federal political committee.	TX 76508-0001	Amount of Each Receipt this Period 250.00
Name of Employer Dept of Emer Med	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Jeffrey T T Greenwood		Date of Receipt
Mailing Address 13020 N Shore Rd		0 5 1 2 2 0 1 0
City	State Zip Code	Transaction ID: C917924
Ocean City FEC ID number of contributing federal political committee.	MD 21842-9730	Amount of Each Receipt this Period 1000.00
Name of Employer Peninsula Reg Med Ctr ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	· · · · · · · · · · · · · · · · · · ·	1500.00
TOTAL This Period (last page this line numb	·	

state Zip Code SC 29681-4735 C Occupation Emergency Physician Aggregate Year-to-Date 600.00	Date of Receipt Date of Receipt Transaction ID: C926231 Amount of Each Receipt this Period Date of Receipt
State Zip Code SC 29681-4735 C Occupation Emergency Physician Aggregate Year-to-Date 600.00	Transaction ID: C926231 Amount of Each Receipt this Period 600.00
SC 29681-4735 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 600.00	Transaction ID: C926231 Amount of Each Receipt this Period 600.00
SC 29681-4735 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 600.00	Transaction ID: C926231 Amount of Each Receipt this Period 600.00
SC 29681-4735 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 600.00	Amount of Each Receipt this Period 600.00
Occupation Emergency Physician Aggregate Year-to-Date 600.00	600.00
Emergency Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt
600.00	Date of Receipt
	Date of Receipt
	04 28 2010
State Zip Code	Transaction ID: C913379
NY 10591-5055	Amount of Each Receipt this Period
C	125.00
Occupation Emergency Physician	
Aggregate Year-to-Date ▼ 350.00	
	Date of Receipt
	06 06 2010
State Zip Code	Transaction ID: C936735
NY 10591-5055	Amount of Each Receipt this Period
С	100.00
Occupation Emergency Physician	
Aggregate Year-to-Date ▼ 350.00	
	825.00
	Aggregate Year-to-Date ▼

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than usi	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Po	Diffical Action Committee	
Full Name (Last, First, Middle Initial) Rose M M Haisler		Date of Receipt
Mailing Address 1905 W Gerald D)r	05 18 2010
City	State Zip Code	Transaction ID: C920243
<u>Peoria</u>	IL 61615-1185	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer OSFMC Emerg Dept	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Lucy Richardson Hammerberg		Date of Receipt
Mailing Address 2140 Telegraph F	Rd	05 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C921476
Bannockburn	IL 60015-1532	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer West Suburban Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) J Brian Hancock		Date of Receipt
Mailing Address 4827 Pebworth P	1	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C947306
Saginaw	MI 48603-9306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MI State Univ Colg of Hmn Medn	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	onal)	2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	d Statements may not be sold or used by any person the name and address of any political committee to s ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alan Howard Howard Hand Mailing Address 10 Ellicott Way City Sugarland FEC ID number of contributing federal political committee. Name of Employer Dr. Alan Howard Hand Receipt For: Primary General Other (specify)	State Zip Code TX 77479-2870 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C935213 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Daniel A Aaron Handel Mailing Address 12716 NW 26th Ave City Vancouver FEC ID number of contributing federal political committee. Name of Employer OR HIth & Science Univ CD- W-EM Receipt For: Primary General	State Zip Code WA 98685-2005 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 28 2010 Transaction ID: C913282 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Bill Harshbarger Mailing Address W301 N 3252 Wind City Pewaukee FEC ID number of contributing federal political committee. Name of Employer ERMED, S.C. Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C915436 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional	J)	750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 210 (check only one) X 11a
or for	information copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Jational Emergency Medicine Politica ull Name (Last, First, Middle Initial)	Action Con	imittee	
. <u>A</u>	ull Name (Last, First, Middle Initial) Ilison Leigh Leigh Harvey Iailing Address Palmetto HIth Richland			Date of Receipt
_	Five Medical Park Dr E			06 07 2010
	ity	State	Zip Code	Transaction ID: C933600
_	Columbia	SC	29203-6863	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		500.00
N P	ame of Employer almetto Hith Richland	Occupatio Emerger	n acy Physician	
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) arlton E E Heine			Date of Receipt
M	lailing Address 515 Whitecap Rd			05 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: C926270
<u>B</u>	Bellingham	WA	98229-8911	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		250.00
N S	ame of Employer kagit Valley Hosp	Occupatio Emerger	n ncy Physician	
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00]
	ull Name (Last, First, Middle Initial) Iarilyn Joan Joan Heine			Date of Receipt
M	lailing Address 900 Twining Rd			0 4 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: C911845
<u>D</u>	Oresher	PA	19025-1726	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
N N	ame of Employer lercy Suburban Hosp	Occupatio Emerger	n ncy Physician	
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SUE	BTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 65 / 210 (check only one) X 11a
Any information copied from such Report for commercial purposes, other that NAME OF COMMITTEE (In Full) National Emergency Medicine	using the name and address of	any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial Marilyn Joan Joan Heine Mailing Address 900 Twining I City Dresher FEC ID number of contributing federal political committee. Name of Employer Mercy Suburban Hosp Receipt For: Primary General Other (specify)	Rd State Zip		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C920710 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial Marcus A Hendry Mailing Address 6827 Winden City Zionsville FEC ID number of contributing federal political committee. Name of Employer SVEP Inc Receipt For: Primary General Other (specify)	ere Dr State Zip		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial Marcus A Hendry Mailing Address 6827 Winden City Zionsville FEC ID number of contributing federal political committee. Name of Employer SVEP Inc Receipt For: Primary General Other (specify)	ere Dr State Zip		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C947726 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (pptional)		1450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Charles W W Henrichs, III		Date of Receipt
Mailing Address Margaret R Pardee Me 800 N Justice St	mi Hosp State Zip Code	05 25 2010
City <u>Hendersonville</u>	NC 28791-3410	Transaction ID: C926269 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hendersonville Emer Consultant Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Douglas M M Hill Mailing Address N Suburban Med Ctr		Date of Receipt
9191 Grant St	7:01	04 06 2010
City Denver	State Zip Code CO 80229-4361	Transaction ID: C904841 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer N Suburban Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mark R Hill		Date of Receipt
Mailing Address 1316 Yubinaranda Cir		06 30 7 2010
City	State Zip Code	Transaction ID: C947731
Cary	NC 27511-5629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Randolph Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
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 67 / 210 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Timothy J J Hill Mailing Address 2200 NE 96th St			Date of Receipt
City Oklahoma City	State OK	Zip Code 73131-3504	Transaction ID: C916864 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mercy Hosp Receipt For: Primary General Other (specify) ▼	_ ' _ `	n ocy Physician e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jon Mark Mark Hirshon Mailing Address 1062 River Bay Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C947303
Annapolis	MD	21409-4830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Univ of MD ED		ıcy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Larry Hobbs	'		Date of Receipt
Mailing Address 12717 Brewster Dr			04 28 2010
City	State	Zip Code	Transaction ID: C913356
Ft Myers FEC ID number of contributing federal political committee.	C	33908-1809	Amount of Each Receipt this Period 83.33
Name of Employer SW Florida Reg Med Ctr	Occupatio Emerger	n Icy Physician	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.64	
SUBTOTAL of Receipts This Page (optional	l)		583.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	he name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Larry Hobbs Mailing Address 12717 Brewster Dr			Date of Receipt
City Ft Myers FEC ID number of contributing	State FL	Zip Code 33908-1809	Transaction ID: C926289 Amount of Each Receipt this Period 83.33
rederal political committee. Name of Employer SW Florida Reg Med Ctr Receipt For: Primary General Other (specify) ▼	Occupatio Emerger	n ncy Physician e Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Larry Hobbs Mailing Address 12717 Brewster Dr			Date of Receipt 0 5 2 8 2 0 1 0
City Ft Myers	State FL	Zip Code 33908-1809	Transaction ID: C929775 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer SW Florida Reg Med Ctr Receipt For: Primary General Other (specify) ▼	_ , ' 	n ncy Physician e Year-to-Date ▼ 666.64	83.33
Full Name (Last, First, Middle Initial) Larry Hobbs Mailing Address 12717 Brewster Dr			Date of Receipt 0 6 2 9 2 0 1 0
City Ft Myers FEC ID number of contributing federal political committee.	State FL	Zip Code 33908-1809	Transaction ID: C947301 Amount of Each Receipt this Period 83.33
Name of Employer SW Florida Reg Med Ctr	_ ,	ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.64	
SUBTOTAL of Receipts This Page (optional))	249.99

A. Full FEC fede	ommercial purposes, other than using the ME OF COMMITTEE (In Full) tional Emergency Medicine Political Name (Last, First, Middle Initial) y Hobbs sing Address 12717 Brewster Dr Myers C ID number of contributing eral political committee. The of Employer Florida Reg Med Ctr seipt For: Primary General	Statements may not be sold or used by any persole name and address of any political committee to all Action Committee State Zip Code FL 33908-1809 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A. Full Larr Mail City Ft I Federal Recommendation Full Ken	Name (Last, First, Middle Initial) y Hobbs ling Address 12717 Brewster Dr Myers DID number of contributing eral political committee. ne of Employer Florida Reg Med Ctr leipt For: Primary General	State Zip Code FL 33908-1809 C Occupation Emergency Physician	Transaction ID: C950860 Amount of Each Receipt this Period
A. Larr Mail City Ft I FEC fede Nan SW Rec	y Hobbs ling Address 12717 Brewster Dr Myers C ID number of contributing eral political committee. The of Employer Florida Reg Med Ctr Leipt For: Primary General	C Occupation Emergency Physician	Transaction ID: C950860 Amount of Each Receipt this Period
City Ft I FEC fede Nan SW Rec Full Ken	Myers C ID number of contributing eral political committee. The of Employer Florida Reg Med Ctr The eipt For: Primary General	C Occupation Emergency Physician	Transaction ID: C950860 Amount of Each Receipt this Period
Ft I FEC fede Nan SW Rec	Myers C ID number of contributing eral political committee. The of Employer Florida Reg Med Ctr The eight For: Primary General	C Occupation Emergency Physician	Amount of Each Receipt this Period
Reco	eral political committee. ne of Employer Florida Reg Med Ctr eipt For: Primary General	Occupation Emergency Physician	
Full Ken	eipt For: Primary General	Emergency Physician	
Full B. Ken	Primary General	Aggregate Year-to-Date ▼	
B. Ken	Other (specify) ▼	666.64	
Maii	Name (Last, First, Middle Initial) neth L L Holbert	1	Date of Receipt
	ing Address 130 Laurel Hill Dr		05 25 2010
City		State Zip Code	Transaction ID: C926263
FEC	oyrna CID number of contributing eral political committee.	TN 37167-4907	Amount of Each Receipt this Period 1000.00
Nan Har	ne of Employer ton Reg Med Ctr	Occupation Emergency Physician	
Rec	eipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1000.00	
	Name (Last, First, Middle Initial) es Richard Richard Holmberg		Date of Receipt
Mail	ing Address W310N4958 Old Stee	eple Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State Zip Code WI 53029-8529	Transaction ID: C915435
FEC	rtland CID number of contributing eral political committee.	WI 53029-8529	Amount of Each Receipt this Period 250.00
Nan Aur	ne of Employer ora Med Grp	Occupation Emergency Physician	
Rec	eipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBT			1333.33

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 210 (check only one) X 11a
or for commercial purposes NAME OF COMMITTE	s, other than using the name and	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, I Stephen G Holtzclaw Mailing Address 1020	Middle Initial) 65 SW 23 Rd Court		Date of Receipt 0 6 0 3 2 0 1 0
City davie	State FL	Zip Code 33324	Transaction ID: C929353 Amount of Each Receipt this Period
FEC ID number of control federal political committed	ributing		2000.00
Name of Employer TeamHealth Receipt For: Primary Other (specify) ▼	Occupa physic Aggreç General		
Full Name (Last, First, I Steven R R Horn Mailing Address 528	Middle Initial) 5 Laurel Ridge Ln		Date of Receipt 0 5 2 5 2 0 1 0
City	State	Zip Code	Transaction ID: C926238
Cincinnati FEC ID number of cont federal political committ		45247-7950	Amount of Each Receipt this Period 1000.00
Name of Employer McCullough Hyde Mem	Hosp Occupa	ation gency Physician	
Receipt For: Primary Other (specify) ▼		gate Year-to-Date ▼ 1000.00	
Full Name (Last, First, I Hans Roberts Roberts Ho			Date of Receipt
Mailing Address Univ	of IA Hosps & Clncs Hawkins Dr Rcp 1008		05 25 2010
City Iowa City	State IA	Zip Code 52242-1007	Transaction ID: C926268 Amount of Each Receipt this Period
FEC ID number of control federal political committed	ributing	OLETE 1007	250.00
Name of Employer Univ of IA Hosps & Cln	Occupa	ation gency Physician	
Receipt For: Primary Other (specify) ▼		gate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts	l l		3250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 210 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	l Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) William L L Indruk			Date of Receipt
	Mailing Address 134 Montclair Ave		7: 0 1	04 06 2010
	City Montclair	State NJ	Zip Code 07042-4132	Transaction ID: C904505 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emer Med Assoc	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Charlene B B Irvin Mailing Address 50572 Jefferson Ave	1		Date of Receipt
	Mailing Address 50572 Jefferson Ave			04 22 2010
	City New Baltimore	State MI	Zip Code 48047-2339	Transaction ID: C908835
	FEC ID number of contributing federal political committee.	C	40047-2559	Amount of Each Receipt this Period
	Name of Employer Emer Med Spec PC	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- С.	Full Name (Last, First, Middle Initial) Charlene B B Irvin			Date of Receipt
	Mailing Address 50572 Jefferson Ave			05 25 2010
	City	State	Zip Code	Transaction ID: C926247
	New Baltimore FEC ID number of contributing federal political committee.	C	48047-2339	Amount of Each Receipt this Period 150.00
	Name of Employer Emer Med Spec PC	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			500.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 210 (check only one) X 11a
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In F National Emergency Medi	than using the name and a ull)	ddress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Ronald Iverson Mailing Address 4935 S Sc City Casper FEC ID number of contributing federal political committee. Name of Employer Emer Med Phys PC	senic Rt State WY	Zip Code 82601-6714	Date of Receipt M M M D D Z 2 0 1 0 Transaction ID: C931732 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify)	Aggrega	ency Physician te Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Kent L L Jacobs Mailing Address 3291 E O		Zip Code	Date of Receipt 0 5 0 6 2 0 1 0 Transaction ID: C916891
Littleton FEC ID number of contributing federal political committee. Name of Employer Care Point PC	CO C Occupati	80121-3046	Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	Aggrega	ency Physician te Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Peter J J Jacoby Mailing Address 167 Sprai	nitial)		Date of Receipt Date of Receipt 1 9 2 0 1 0
City Woodbury	State CT	Zip Code 06798-1914	Transaction ID: C920713 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		00730-1314	1000.00
Name of Employer St Marys Hosp ED	Occupati Emerge	on ency Physician	
Receipt For: Primary General Other (specify) ▼	Aggrega	te Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Pa	ge (optional)		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any personal name and address of any political committee to all Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) George John John Janas Mailing Address 290 Brook View Dr City Cuyahoga Falls	State Zip Code OH 44223-3533	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Mercy Med Ctr Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) Chelvakumaran R R Jayanathan Mailing Address 1346 Forest Glen Ct City Toms River FEC ID number of contributing federal political committee. Name of Employer Cmnty Med Ctr ED Receipt For: Primary General Other (specify)	State Zip Code NJ 08755-1386 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 5 2 7 2 0 1 0 Transaction ID: C929199 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Todd A A Jensen Mailing Address 7537 N Hwy 83 City N Platte FEC ID number of contributing federal political committee. Name of Employer Great Plains Regl Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NE 69101-8023 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y O 5 2 5 2 0 1 0 Transaction ID: C926246 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions
National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Milan Jockovich		Date of Receipt
Mailing Address 460 Riggs Ave		06 08 2010
City	State Zip Code	Transaction ID: C933069
Melbourne Beach	FL 32951-3221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	800.00
Name of Employer Brevard Emer Svcs	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) David Peter Peter John		Date of Receipt
Mailing Address Caritas Carney Hosp 2100 Dorchester Ave		0 4 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C908883
Dorchester	MA 02124-5615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Caritas Carney Hosp Dept of EM	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) David Peter Peter John		Date of Receipt
Mailing Address Caritas Carney Hosp 2100 Dorchester Ave		04 28 2010
City	State Zip Code	Transaction ID: C913368
Dorchester	MA 02124-5615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Caritas Carney Hosp Dept of EM	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	-	1300.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any personal name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ryan Austin Austin Jones Mailing Address 4315 Beeman Rd City Williamson FEC ID number of contributing federal political committee. Name of Employer Dr. Ryan Austin Jones Receipt For: Primary General Other (specify)	State Zip Code MI 48895-9346 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 0 3 2 0 1 0 Transaction ID: C931742 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Eric Wayne Wayne Jordan Mailing Address 6 Tuckahoe City Hattiesburg FEC ID number of contributing federal political committee. Name of Employer Dr. Eric Wayne Jordan Receipt For: Primary General Other (specify)	State Zip Code MS 39402-7789 C Occupation Emergency Physician Aggregate Year-to-Date 365.00	Date of Receipt M M M D D D Z D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joseph Lee Lee Joyce Mailing Address 2709 Mt Vernon Ln City Blacksburg FEC ID number of contributing federal political committee. Name of Employer Dr. Joseph Lee Joyce Receipt For: Primary General Other (specify)	State Zip Code VA 24060-8122 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: C933416 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)		715.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for	nformation copied from such Reports and St commercial purposes, other than using the AME OF COMMITTEE (In Full) ational Emergency Medicine Political	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. Jo Ma	lacksburg EC ID number of contributing deral political committee. The political committee is a second contributing deral political committee. The political committee is a second contribution of the political committee is a second contribution of the political contributio		ncy Physician	Date of Receipt M M / D D / Y Y Y Y Y O 6 26 2010 Transaction ID: C947268 Amount of Each Receipt this Period 150.00
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Ar Ar Ma	ull Name (Last, First, Middle Initial) ndy Kahn ailing Address 3000 Blackburn St Apt 801 ity allas EC ID number of contributing deral political committee. ame of Employer MCare ecceipt For: Primary General Other (specify) ▼		Zip Code 75204-2206 nn ncy Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Co Ma Ci Bi	ull Name (Last, First, Middle Initial) ostas Andreas Andreas Kaiafas ailing Address 910 Cnty Club Rd	State NJ	Zip Code 08807-1174	Date of Receipt M M Z 6 Z 0 1 0 Transaction ID: C912383 Amount of Each Receipt this Period 1000.00
<u>te</u> :	ame of Employer mergency Medical Associa- s eceipt For: Primary General Other (specify) ▼		nn ncy Physician e Year-to-Date ▼ 1000.00	
SUB	TOTAL of Receipts This Page (optional)			2150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Steven B B Kailes Mailing Address 1998 Rivergate Dr City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Orange Park FEC ID number of contributing federal political committee.	FL	32003-8686	Amount of Each Receipt this Period 100.00
Name of Employer Southeast Emer Consultant Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date ▼ 350.03	
Full Name (Last, First, Middle Initial) Rodney C C Kang Mailing Address 2420 Sandlake Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Longwood FEC ID number of contributing federal political committee.	State FL	Zip Code 32779-5811	Transaction ID: C922625 Amount of Each Receipt this Period 1000.00
Name of Employer FL Emer Phys Receipt For: Primary General Other (specify) ▼	- 	n ncy Physician e Year-to-Date T 1000.00	
Full Name (Last, First, Middle Initial) Jay A Kaplan Mailing Address 300 Oak Ave			Date of Receipt
City San Anselmo FEC ID number of contributing federal political committee.	State CA	Zip Code 94960-2703	Transaction ID: C913355 Amount of Each Receipt this Period 83.33
Name of Employer CEP America Receipt For: Primary General Other (specify) ▼	- '	n ncy Physician e Year-to-Date ▼ 599.98	
SUBTOTAL of Receipts This Page (optional))		1183.33

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 210 (check only one) X
0	r for commercial purposes, other than using the	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
۸.	Full Name (Last, First, Middle Initial) Jay A Kaplan		Date of Receipt
	Mailing Address 300 Oak Ave	Ctata Zin Coda	05 25 2010
	City San Anselmo	State Zip Code CA 94960-2703	Transaction ID: C926290 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer CEP America	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 599.98	
- 3.	Full Name (Last, First, Middle Initial) Jay A Kaplan		Date of Receipt
	Mailing Address 300 Oak Ave	06 29 2010	
	City	State Zip Code	Transaction ID: C947309
	San Anselmo FEC ID number of contributing federal political committee.	CA 94960-2703	Amount of Each Receipt this Period 83.33
	Name of Employer CEP America	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 599.98	
. –	Full Name (Last, First, Middle Initial) Kamil Karroum		Date of Receipt
	Mailing Address 56 Moore Rd		05 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: C929205
	Marlboro FEC ID number of contributing federal political committee.	NJ 07746-2103	Amount of Each Receipt this Period 500.00
	Name of Employer Community Medical Ctr	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		666.66

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 210 (check only one) X 11a
, c	ny information copied from such Reports and s r for commercial purposes, other than using th	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	al Action Com	nmittee	
۸.	Full Name (Last, First, Middle Initial) Robert Kec			Date of Receipt
	Mailing Address 1900 Paradise Ln		71.0	04 28 2010
	City Prescott	State AZ	Zip Code 86305-5284	Transaction ID: C913266 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer PMB 521	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Robert Kec	1		Date of Receipt
	Mailing Address 1900 Paradise Ln			05 25 2010
	City	State	Zip Code	Transaction ID: C926278
	Prescott FEC ID number of contributing federal political committee.	C	86305-5284	Amount of Each Receipt this Period 50.00
	Name of Employer PMB 521	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_).	Full Name (Last, First, Middle Initial) Donald R Keir			Date of Receipt
	Mailing Address 65 Highbridge Blvd			06 30 7 2010
	City Medford	State NJ	Zip Code 08055-3341	Transaction ID: C950872 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	000000000000000000000000000000000000000	250.00
	Name of Employer Virtua Meml Hosp	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Г		1		350.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 210 (check only one) X
or f	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 .	Full Name (Last, First, Middle Initial) Alfred Brian Brian Kelleher Mailing Address 5414 Sunrise Bluff Ct City Midlothian	State VA	Zip Code 23112-2516	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 500.00
	Name of Employer CJW Med Ctr Chippenham Receipt For: Primary General Other (specify)	Emerger	ocy Physician e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) John Joseph Joseph Kelly Mailing Address 8617 Seminole St			Date of Receipt 0 4 1 9 2 0 1 0
	City Philadelphia	State PA	Zip Code 19118-3728	Transaction ID: C906987 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Einstein Practice Plan	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Michael Anthony Anthony Kelly Mailing Address One Pavilion Dr	<u> </u>		Date of Receipt 0 5 2 7 2 0 1 0
	City	State	Zip Code	Transaction ID: C929290
	Daniels FEC ID number of contributing federal political committee.	C	25832-9705	Amount of Each Receipt this Period 1000.00
	Name of Employer Raleigh Genl Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	. '	e Year-to-Date ▼ 1000.00	
sı	JBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 210 (check only one) X 11a 11b 11c 12
	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) James F F Kenny		Date of Receipt
Mailing Address 96 Aspinwall St	7, 0, 4	04 13 2010
City <u>Staten Island</u>	State Zip Code NY 10307-1627	Transaction ID: C906286
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Staten Island University Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Joseph E Kernizan		Date of Receipt
Mailing Address 3 E Dogwood Ct		06 02 7 2010
City	State Zip Code	Transaction ID: C929774
Westampton	NJ 08060-9668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Emergency Physician Assoc PA	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Benjamin Kitagawa		Date of Receipt
Mailing Address 1626 Montview Blvd		0 6 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C931746
Greeley	CO 80631-5345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer North Colorado Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Paul Daniel Daniel Kivela Mailing Address 1370 Trancas # 336		Date of Receipt
City	State Zip Code	0 5 1 9 2 0 1 0 Transaction ID: C920708
<u>Napa</u>	CA 94558-2912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Dr. Paul Daniel Kivela	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ronald John John Klebacher		Date of Receipt
Mailing Address 1211 Cypress Place		05 28 7 2010
City	State Zip Code	Transaction ID: C930306
Forked River	NJ 08731-4529	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Jersey Emerg Med Spec, PC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Joseph W W Kosnik		Date of Receipt
Mailing Address 211 Osprey Ct		06 26 7 2010
City	State Zip Code	Transaction ID: C947264
Huntertown FEC ID number of contributing	IN 46748-9294	Amount of Each Receipt this Period 250.00
federal political committee.	C	250.50
Name of Employer Dr. Joseph W Kosnik	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line number	<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 210 (check only one) X 11a
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not e name and address	be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Commi	itee	
۸.	Full Name (Last, First, Middle Initial) Paul Andrew Andrew Kozak Mailing Address 21925 N Calle Royale			Date of Receipt
	City	State	Zip Code	05 13 2010
	Scottsdale	AZ	85255-5000	Transaction ID: C918041 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Mayo Clinic Hosp	Occupation Emergency I	Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 750.00	
 3.	Full Name (Last, First, Middle Initial) Scott Paul Paul Krall			Date of Receipt
	Mailing Address 7828 Lovain Dr			05 19 2010
	City	State	Zip Code	Transaction ID: C920736
	Crp Christi FEC ID number of contributing federal political committee.	C	78414-6138	Amount of Each Receipt this Period 500.00
	Name of Employer Dr. Scott Paul Krall	Occupation Emergency	Physician	
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 600.00	
_	Full Name (Last, First, Middle Initial) Joel Kravitz			Date of Receipt
	Mailing Address 20 Oxford Cir			05 27 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C929203
	Southampton FEC ID number of contributing federal political committee.	NJ C	08088-3579	Amount of Each Receipt this Period 500.00
	Name of Employer Albert Einstein Med Ctr	Occupation Emergency	Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	_ •	
	SUBTOTAL of Receipts This Page (optional) .			1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	I Statements may not be sold or used by any personal statements and address of any political committee to cal Action Committee	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Kraynock Mailing Address 99 Hwy 37 W City Toms River FEC ID number of contributing federal political committee. Name of Employer Dr. John Kraynock Receipt For: Primary General Other (specify)	State Zip Code NJ 08755-6423 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y O 5 2 7 2 0 1 0 Transaction ID: C929206 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mark S S Kruger Mailing Address PO Box 1209 City Sanford FEC ID number of contributing federal political committee. Name of Employer FL Emer Phys Receipt For: Primary General Other (specify)	State Zip Code FL 32772-1209 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 1 2 0 1 0 Transaction ID: C922651 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Edward G G Lane Mailing Address 6031 N Camino Esq City Tucson FEC ID number of contributing federal political committee. Name of Employer St Joseph's Hospital Receipt For: Primary General Other (specify)	State Zip Code AZ 85718-3706 C Occupation Emergency Physician Aggregate Year-to-Date 350.00	Date of Receipt M M / D D / Y Y Y Y Y O 6 0 7 2 0 1 0 Transaction ID: C933045 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any persone name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Edward G G Lane Mailing Address 6031 N Camino Esqu City Tucson FEC ID number of contributing federal political committee. Name of Employer St Joseph's Hospital Receipt For: Primary General Other (specify)	State Zip Code AZ 85718-3706 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M M D D D D D D D D D D D D D D D D
Full Name (Last, First, Middle Initial) Catherine Janet Janet Langston Mailing Address 888 E Main St City Batesville FEC ID number of contributing federal political committee. Name of Employer White River Med Ctr Receipt For: Primary General Other (specify)	State Zip Code AR 72501-3438 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Linda L L Lawrence Mailing Address 7811 Hermosa Hill City San Antonio FEC ID number of contributing federal political committee. Name of Employer 60 MDG/SGH Receipt For: Primary General Other (specify)	State Zip Code TX 78256 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		1600.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St	tatements may n	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and addre	ess of any political committee to	solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Brian L L Leal Mailing Address 1192 Fort Lamar Rd City Charleston	State SC	Zip Code 29412-9684	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Medical Colg of GA Receipt For: Primary General Other (specify) ▼	Emergency	Physician ear-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) lan Brett Brett Leber Mailing Address 31 Yearling Pl			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Freehold FEC ID number of contributing federal political committee.	State NJ	Zip Code 07728-9371	Transaction ID: C913275 Amount of Each Receipt this Period 250.00
	Name of Employer Bayshore Cmnty Hosp Receipt For: Primary General Other (specify)	Occupation Emergency Aggregate Y	Physician ear-to-Date ▼ 1250.00	
_ C.	Full Name (Last, First, Middle Initial) lan Brett Brett Leber Mailing Address 31 Yearling Pl	0 0 0	0 0 0 0 0 0 0	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Freehold FEC ID number of contributing	State NJ	Zip Code 07728-9371	Transaction ID: C942321 Amount of Each Receipt this Period 1000.00
	Name of Employer Bayshore Cmnty Hosp	Occupation Emergency	r Physician	_
	Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 1250.00	
	SUBTOTAL of Receipts This Page (optional)	I	·····	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 87 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Roy J Levin Mailing Address P.O. Box 576194 City Modesto FEC ID number of contributing federal political committee. Name of Employer TeamHealth West Receipt For: Primary General Other (specify)	State Zip Code CA 95357-6194 C Occupation Regional Medical Director Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y Y O 5
Full Name (Last, First, Middle Initial) Christopher C Lingan Mailing Address 627 Largovista Dr City Oakland FEC ID number of contributing federal political committee. Name of Employer Florida Emerg Phys Receipt For: Primary General Other (specify)	State Zip Code FL 34787-8977 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael S S Lippe Mailing Address 40 Hutton Dr City Mahwah FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hosp Receipt For: Primary General Other (specify)	State Zip Code NJ 07430-2986 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	2350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any person the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jorge Lopez-Ferrer Mailing Address 1476 Chippewa Ln City Geneva FEC ID number of contributing federal political committee. Name of Employer FL Emer Phys Kang & Assoc Receipt For: Primary General	State Zip Code FL 32732-9183 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Ralph K K Losey Mailing Address 6239 N Lundy Ave City Chicago FEC ID number of contributing federal political committee. Name of Employer Univ of IL at Chicago ED	State Zip Code IL 60646-4009 C Occupation Emergency Physician	Date of Receipt M M / D D / Y Y Y Y Y O 4 28 2010 Transaction ID: C913276 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Seth A A Lotterman Mailing Address 33 Lynn Batts Apt 3. Apt 1222 City San Antonio	State Zip Code TX 78218-3064	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Wilford Hall Med Ctr Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 600.00	100.00
SUBTOTAL of Receipts This Page (optional)	1350.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Seth A A Lotterman Mailing Address 33 Lynn Batts Apt Apt 1222 City San Antonio	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 3 0 2 0 1 0 Transaction ID: C947701
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Wilford Hall Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 600.00	
Full Name (Last, First, Middle Initial) Thomas Lukens Mailing Address 15503 Clifton Blvd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C925266
Lakewood FEC ID number of contributing federal political committee.	OH 44107	Amount of Each Receipt this Period 500.00
Name of Employer Methohealth medical center	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Thomas W W Lukens Mailing Address 15503 Clifton Blvd		Date of Receipt 0 4 0 8 2 0 1 0
City	State Zip Code	Transaction ID: C903958
Lakewood FEC ID number of contributing federal political committee.	OH 44107-2411	Amount of Each Receipt this Period 560.00
Name of Employer MetroHealth Medical Center	Occupation physician	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
SURTOTAL of Receipts This Page (ontion	al)	1560.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 210 (check only one) X
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Con	nmittee	
۷.	Full Name (Last, First, Middle Initial) Jerod L L Lunsford			Date of Receipt
	Mailing Address 116 Heises Pond Way			05 05 2010
	City <u>C</u> olumbia	State SC	Zip Code 29229-9535	Transaction ID: C928893 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2022 0000	100.00
	Name of Employer Palmetto Hith Richland Mem	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
_ 3.	Full Name (Last, First, Middle Initial) Jerod L L Lunsford Mailing Address 116 Heises Pond Way	,		Date of Receipt
				06 15 2010
	City Columbia	State SC	Zip Code 29229-9535	Transaction ID: C935199
	FEC ID number of contributing federal political committee.	C	23229-3333	Amount of Each Receipt this Period 500.00
	Name of Employer Palmetto Hith Richland Mem	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
_).	Full Name (Last, First, Middle Initial) Thomas J J Lydon			Date of Receipt
	Mailing Address PO Box 51			04 06 2010
	City	State	Zip Code	Transaction ID: C904848
	Rye Beach FEC ID number of contributing federal political committee.	C	03871-0051	Amount of Each Receipt this Period 150.00
	Name of Employer Wentworth Douglass Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 275.00	
	SUBTOTAL of Receipts This Page (optional)	1		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 210 (check only one) X 11a
C	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	al Action Con	nmittee	
۸.	Full Name (Last, First, Middle Initial) Thomas J J Lydon			Date of Receipt
	Mailing Address PO Box 51 City	State	Zip Code	0 5 2 7 2 0 1 0 Transaction ID: C926129
	Rye Beach	NH	03871-0051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Wentworth Douglass Hosp	Occupatio Emerger	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
 3.	Full Name (Last, First, Middle Initial) Michael S Lyons			Date of Receipt
	Mailing Address 6579 Villagefield Dr.			05 27 2010
	City	State	Zip Code	Transaction ID: C929289
	Mason FEC ID number of contributing federal political committee.	OH OH	45267-2827	Amount of Each Receipt this Period
	Name of Employer University Physicians	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
_ ;.	Full Name (Last, First, Middle Initial) Michael S Lyons	1		Date of Receipt
	Mailing Address 6579 Villagefield Dr.			0 6 3 0 / Y Y Y Y Y
	City Mason	State OH	Zip Code 45267-2827	Transaction ID: C950877 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University Physicians	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
		1		475.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perso g the name and address of any political committee to	
National Emergency Medicine Poli	itical Action Committee	_
Full Name (Last, First, Middle Initial) Bruce A Alan MacLeod Mailing Address 1515 Mohican Driv		Date of Receipt
City	State Zip Code	0 5 2 2 2 1 0 1 0 Transaction ID: C922448
Pittsburgh	PA 15228-1615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer University of Pittsburgh Physicians	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ned Alan Alan Magen		Date of Receipt
Mailing Address 969 Keystone Dr	7.0.1	04 26 2010
City	State Zip Code	Transaction ID: C912370
Soldotna	AK 99669-8064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Central Peninsula Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Ned Alan Alan Magen		Date of Receipt
Mailing Address 969 Keystone Dr		06 07 2010
City	State Zip Code	Transaction ID: C933585
Soldotna	AK 99669-8064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Central Peninsula Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (option	al)	2100.00
TOTAL This Period (last page this line nur	nber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any persog g the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Arun Manikumar		Date of Receipt
Mailing Address 104 Baynes Ct	Chaha 7'a Cada	06 30 2010
City Chapel Hill	State Zip Code NC 27517-9526	Transaction ID: C950883 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Nash Gen Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Harry A A Marinakis Mailing Address 14 Wexford Way		Date of Receipt
Mailing Address 14 Wexford Way		05 07 7 2010
City	State Zip Code WV 26330-9406	Transaction ID: C918073
Bridgeport FEC ID number of contributing federal political committee.	WV 26330-9406	Amount of Each Receipt this Period 500.00
Name of Employer Dr. Harry A Marinakis	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Scott P P Marquis		Date of Receipt
Mailing Address 1407 E Rockwood	Blvd	06 08 2010
City	State Zip Code WA 99203-3841	Transaction ID: C933057
Spokane FEC ID number of contributing federal political committee.	WA 99203-3841	Amount of Each Receipt this Period 1000.00
Name of Employer Spokane Emerg Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)	2000.00
	nber only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) H Lynn Massingale Mailing Address PO Box 30698		Date of Receipt
City	State Zip Code	0 6 0 3 2 0 1 0 Transaction ID: C930043
Knoxville	TN 37930-0698	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Team Health	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Angela F F Mattke		Date of Receipt
Mailing Address 1080 Pebblebrook F		04 28 7 2010
City	State Zip Code	Transaction ID: C913354
Mableton FEC ID number of contributing federal political committee.	GA 30126-5612	Amount of Each Receipt this Period 100.00
Name of Employer NE Tower Ste 2100	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Angela F F Mattke		Date of Receipt
Mailing Address 1080 Pebblebrook F		05 25 2010
City	State Zip Code	Transaction ID: C926291
Mableton FEC ID number of contributing federal political committee.	GA 30126-5612	Amount of Each Receipt this Period 100.00
Name of Employer NE Tower Ste 2100	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optiona	l)	2700.00
TOTAL This Period (last page this line num	·	

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 210 (check only one) X
ny information copied from such Reports and for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions
National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Angela F F Mattke		Date of Receipt
Mailing Address 1080 Pebblebrook F	Rd SE	06 / 29 / 2010
City Mableton	State Zip Code GA 30126-5612	Transaction ID: C947311 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer NE Tower Ste 2100	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Robert McCurren		Date of Receipt
Mailing Address Henry Ford Wyando 2333 Biddle Ave	tte Hosp	05 19 2010
City	State Zip Code	Transaction ID: C920715
Wyandotte FEC ID number of contributing federal political committee.	MI 48192-4668	Amount of Each Receipt this Period 250.00
Name of Employer EPMG	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Matthew John John McDevitt		Date of Receipt
Mailing Address 800 S Gaylord St		0 4 1 4 2 0 1 0
City Denver	State Zip Code CO 80209-4632	Transaction ID: C906390
FEC ID number of contributing federal political committee.	CO 80209-4632	Amount of Each Receipt this Period 500.00
Name of Employer Carepoint PC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 96 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any or f	y information copied from such Reports and or commercial purposes, other than using th	Statements may not be sold e name and address of any	or used by any perso political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	l Action Committee		
• .	Full Name (Last, First, Middle Initial) Dennis Lucas Lucas McGill			Date of Receipt
	Mailing Address 19 Camden Rd City	State Zip Co	do	04 28 2010
	Hillsborough	NJ 08844		Transaction ID: C913353 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
•	Name of Employer Emer Med Assoc	Occupation Emergency Physici	ian	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	te ▼ 750.00	
	Full Name (Last, First, Middle Initial) John Gerard Gerard McManus, Jr	1		Date of Receipt
	Mailing Address 726 Ridge Trace			05 25 2010
	City	State Zip Co	de	Transaction ID: C926267
	San Antonio	TX 78258	-6917	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Brooke Army Med Ctr	Occupation Emergency Physici	ian	
•	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	te ▼ 250.00	
	Full Name (Last, First, Middle Initial) June M McMillin	1		Date of Receipt
	Mailing Address PO Box 1109			05 21 YYYY 2010
	City	State Zip Co		Transaction ID: C922441
	Ringgold	GA 30736	-1109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer TeamHealth	Occupation physician		
	Receipt For:	Aggregate Year-to-Da	te ▼	
	Primary General Other (specify) ▼	0 0 0 0	250.00	
				750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97/210 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	ical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Richard S S McMonigal			Date of Receipt
Mailing Address 3610 45th St NE			04 06 2010
City Tacoma	State WA	Zip Code 98422-2293	Transaction ID: C904849 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	JOHEL LEGO	500.00
Name of Employer Auburn General Hosp	Occupation	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) William Joel Joel Meggs			Date of Receipt
Mailing Address 103 Hidden Hills Dr			0 4 2 8 2 0 1 0
City Greenville	State NC	Zip Code 27858-8635	Transaction ID: C913378 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27030 0003	84.00
Name of Employer Emerg Med, PCMH, 3ED-311	Occupation	n ncy Physician	7
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 504.00	
Full Name (Last, First, Middle Initial) William Joel Joel Meggs			Date of Receipt
Mailing Address 103 Hidden Hills Dr			05 25 2010
City	State	Zip Code	Transaction ID: C926292
Greenville FEC ID number of contributing federal political committee.	NC C	27858-8635	Amount of Each Receipt this Period 84.00
Name of Employer Emerg Med, PCMH, 3ED-311	Occupation	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 504.00	
			668.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 210 (check only one) X
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u>v</u> N C <u>C</u>	Full Name (Last, First, Middle Initial) William Joel Joel Meggs Mailing Address 103 Hidden Hills Dr Dity Greenville FEC ID number of contributing ederal political committee.	State NC	Zip Code 27858-8635	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Name of Employer Emerg Med, PCMH, 3ED-311 Receipt For: Primary General Other (specify)		nocy Physician e Year-to-Date 504.00	
F	Full Name (Last, First, Middle Initial) Howard K K Mell Mailing Address 7720 Gateway Ln			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ċ	Dity	State	Zip Code	Transaction ID: C920716
<u> </u>	Powell	OH	43065-7195	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		500.00
N	Name of Employer MD EMS SYSTEMS LLC	Occupatio Emergen	n ncy Physician	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) David James James Mendelson Mailing Address 4633 Post Oak Dr			Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C945018
<u>F</u>	-risco	TX	75034-5130	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		100.00
-	Name of Employer EmCare Inc	 	ncy Physician	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	BTOTAL of Receipts This Page (optional)			684.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 99 / 210 (check only one)		
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
National Emergency Medicine Political	I Action Com	nmittee			
Full Name (Last, First, Middle Initial) David James James Mendelson			Date of Receipt		
Mailing Address 4633 Post Oak Dr			06 29 2010		
City	State	Zip Code	Transaction ID: C947316		
Frisco	TX	75034-5130	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer EmCare Inc	Occupation Emergen	n cy Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00			
Full Name (Last, First, Middle Initial) Jacob Mark Mark Meredith, III			Date of Receipt		
Mailing Address 1231A Rt 532			0 4 2 8 2 0 1 0		
City	State	Zip Code	Transaction ID: C913369		
Chatsworth	NJ	08019-9711	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer Cmmty Med Ctr ED	Occupation Emergen	n cy Physician			
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General Other (specify) ▼		850.00			
Full Name (Last, First, Middle Initial) Jacob Mark Mark Meredith, III	1		Date of Receipt		
Mailing Address 1231A Rt 532			05 27 2010		
City	State	Zip Code	Transaction ID: C929186		
Chatsworth	NJ	08019-9711	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer Cmmty Med Ctr ED	Occupation Emergen	n cy Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00			
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David L L Meyers Mailing Address 2301 Ken Oak Rd City Baltimore FEC ID number of contributing federal political committee. Name of Employer EmCare Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21209-4421 C Occupation Emergency Physician Aggregate Year-to-Date 600.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) David L L Meyers Mailing Address 2301 Ken Oak Rd City Baltimore FEC ID number of contributing federal political committee. Name of Employer EmCare Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21209-4421 C Occupation Emergency Physician Aggregate Year-to-Date 600.00	Date of Receipt M M / D D / Y Y Y Y 0 5 2 5 2 0 1 0 Transaction ID: C926293 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) David L L Meyers Mailing Address 2301 Ken Oak Rd City Baltimore FEC ID number of contributing federal political committee. Name of Employer EmCare Inc Receipt For: Primary General Other (specify)	State Zip Code MD 21209-4421 C Occupation Emergency Physician Aggregate Year-to-Date 600.00	Date of Receipt M M / D D / Y Y Y Y Y O 6 29 2010 Transaction ID: C947315 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)		300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	l Action Con	nmittee	
	Full Name (Last, First, Middle Initial) Anthony Joseph Joseph Midkiff Mailing Address 1773 Hidden Oak Trl			Date of Receipt
				06 08 2010
	City	State	Zip Code	Transaction ID: C933068
	Mansfield	OH	44906-3560	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mansfield Med Ctr ED	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Gary R R Mikula	1		Date of Receipt
	Mailing Address 4775 Blackberry Ct NI	Ε		06 14 2010
	City	State	Zip Code	Transaction ID: C942568
	Grand Rapids	MI	49525-9495	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Battle Creek Emerg Phys PC	, · · · ·	ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		300.00	
	Full Name (Last, First, Middle Initial) Erik Charles Charles Miller	_		Date of Receipt
	Mailing Address 1744 Leisure Ln			0 4 1 3 2 0 1 0
	City	State	Zip Code	Transaction ID: C906280
	<u>Yakima</u>	WA	98908-9224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Yakima Mem Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	300.00	
	SUBTOTAL of Receipts This Page (optional)	1		650.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Benorts ar	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 210 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jonathan Taylor Taylor Miller		Date of Receipt
Mailing Address 5595 Williams Rd		0 4 0 6 2 0 1 0
City	State Zip Code	Transaction ID: C904501
North East	PA 16428-4825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	800.00
Name of Employer Hamot Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Michael P Miller		Date of Receipt
Mailing Address 135 Cambridge Wa	у	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C921474
North Liberty	IA 52317-8011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St Lukes Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Daniel C C Minior		Date of Receipt
Mailing Address 7204 Pantonbury P	I	05 25 2010
City	State Zip Code	Transaction ID: C926260
Wake Forest	NC 27587-5464	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Nash Gen Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	1300.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 210 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements mane and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	al Action Con	nmittee	
٠.	Full Name (Last, First, Middle Initial) David A Miranda Mailing Address 5007 Gregory Pl			Date of Receipt
	Mailing Address 5007 Gregory PI City	State	Zip Code	0 5 1 2 2 0 1 0
	West Lake Hills	TX	78746-5508	Transaction ID: C917922 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	250.00
	Name of Employer David A Miranda, MD, FACEP	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Jack Henry Henry Mitstifer Mailing Address 4877 Squire Dr			Date of Receipt
	Mailing Address 4877 Squire Dr			05 25 2010
	City	State	Zip Code	Transaction ID: C926277
	Sagamore HIs	OH	44067-3287	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GEMS	_ ·	ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) John Cyrus Cyrus Moghtader			Date of Receipt
	Mailing Address 251 Glen Oban Dr			05 13 2010
	City	State	Zip Code	Transaction ID: C918038
	Arnold FEC ID number of contributing federal political committee.	C	21012-2110	Amount of Each Receipt this Period 250.00
	Name of Employer Anne Aroundel Med Ctr	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 350.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 210 (check only one) X
or for commercial purposes, other than using the	Statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) John Cyrus Cyrus Moghtader Mailing Address 251 Glen Oban Dr		Date of Receipt
City	State Zip Code	0 6 2 1 2 0 1 0 Transaction ID: C945149
Arnold	MD 21012-2110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Anne Aroundel Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00]
Full Name (Last, First, Middle Initial) George W W Molzen	<u> </u>	Date of Receipt
Mailing Address PO Box 3309		04 30 7 2010
City	State Zip Code	Transaction ID: C913351
<u>Naples</u>	FL 34106-3309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Albuquerque Emer Med Assoc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) George W W Molzen		Date of Receipt
Mailing Address PO Box 3309		05 19 2010
City	State Zip Code	Transaction ID: C920733
Naples	FL 34106-3309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Albuquerque Emer Med Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00]
SUBTOTAL of Receipts This Page (optional)		1225.00

City Tustin FEC ID number of contributing federal political committee. Name of Employer Dr. Harold Moofes, III Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Name of Employer Dr. Harold Moofes, III Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Duane Duane Moyer-Diener Mailing Address 500 Sunflower Ave City State Zip Code TX 78504-2920 FEC ID number of contributing federal political committee. C Name of Employer Dr. David Duane Moyer-Diener Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Pushpa R R Mudan Mailing Address 37 Briarwood Dr City State Zip Code Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: C912382 Amount of Each Receipt this Perio 250.00 Date of Receipt Transaction ID: C912382 Amount of Each Receipt this Perio Date of Receipt Transaction ID: C912382 Transaction ID: C912382 Amount of Each Receipt this Perio 250.00 Date of Receipt Transaction ID: C933367 Amount of Each Receipt this Perio Transaction ID: C933367 Amount of Each Receipt this Perio	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Hardot Moores. III Mailing Address 22499 200th Ave City State Zip Code Tustin MI 49688-8121 FEC ID number of contributing federal political committee. Name of Employer Dr. Hardot Moores, III Full Name (Last, First, Middle Initial) David Duane Moyer-Diener Mailing Address 500 Sunflower Ave City State Zip Code TX 78504-2920 FEC ID number of contributing federal political committee. Name of Employer Dr. Park Middle Initial) David Duane Moyer-Diener Mailing Address 500 Sunflower Ave City State Zip Code TX 78504-2920 FEC ID number of contributing federal political committee. Name of Employer Dr. David Duane Moyer-Diener Receipt For: □ Primary □ General Other (specify) ▼ □ Pushpa R Mudan Mailing Address 37 Briarwood Dr City State Zip Code TRIN State Zip Code Dr. David Duane Moyer-Diener Receipt For: □ Primary □ General Other (specify) ▼ □ David Duane Moyer-Diener FEC ID number of contributing federal political committee. Coccupation FEC ID number of contributing federal political committee. Cocupation FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: C932366 Amount of Each Receipt this Perio 250.00 Date of Receipt Transaction ID: C932366 Amount of Each Receipt this Perio Date of Receipt Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio Date of Receipt Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio Soo.1	or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
FEC ID number of contributing federal political committee. Name of Employer Dr. Harold Moores, III Receipt For: Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 500 Sunflower Ave City State Zip Code TX 78504-2920 Name of Employer Dr. Cautio Date Moyer-Diener Receipt For: Primary General Occupation Emergency Physician Enceipt For: Pushpa R Mudan Mailing Address 37 Briarwood Dr City State Zip Code MA 01040-1301 FEC ID number of contributing federal political committee. C Name of Employer Dr. Pushpa R Mudan Receipt For: Pishpa R Mudan Aggregate Year-to-Date ▼	Harold Moores, III Mailing Address 22499 200th Ave City		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Date of Receipt Mailing Address 500 Sunflower Ave City State TX 78504-2920 FEC ID number of contributing federal political committee. Name of Employer Dr. David Duane Moyer-Diener Perimary General Other (specify) ▼ City State Zip Code TX 78504-2920 Amount of Each Receipt this Perio 250.1 Transaction ID: C912382 Amount of Each Receipt this Perio 250.1 Date of Receipt Transaction ID: C912382 Amount of Each Receipt this Perio 250.1 Date of Receipt Transaction ID: C912382 Amount of Each Receipt this Perio 250.1 Date of Receipt Transaction ID: C933067 Amount of Each Receipt this Perio 250.1 Date of Receipt Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio City State Transaction ID: C933067 Amount of Each Receipt this Perio Date of Receipt Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio Date of Receipt Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio Date of Receipt Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio Transaction ID: C933067 Amount of Each Receipt this Perio	Receipt For: Primary General	Emergency Physician Aggregate Year-to-Date ▼ 1000.00	
City State Zip Code TX 78504-2920 FEC ID number of contributing federal political committee. Name of Employer Dr. David Duane Moyer-Diener Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Pushpa R R Mudan Mailing Address 37 Briarwood Dr City State Zip Code MA 01040-1301 FEC ID number of contributing federal political committee. Name of Employer Dr. David Duane Moyer-Diener Emergency Physician Aggregate Year-to-Date ▼ Transaction ID: C912382 Amount of Each Receipt this Perion Date of Receipt Transaction ID: C933067 Transaction ID: C912382 Amount of Each Receipt Tother Transaction ID: C912382 Amount of Each Receipt Tother Transaction ID: C912382 Amount of Each Receipt Tother Transaction ID: C912382 Amount of Each Receipt Transaction ID: C912382 Transaction ID: C912382 Amount of Each Receipt Transaction ID: C912382	David Duane Duane Moyer-Diener		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer	City	State Zip Code	
Receipt For:	FEC ID number of contributing		Amount of Each Receipt this Period 250.00
Pushpa R R Mudan Mailing Address 37 Briarwood Dr City State Zip Code Holyoke MA 01040-1301 FEC ID number of contributing federal political committee. Name of Employer Dr. Pushpa R Mudan Receipt For: Primary General Date of Receipt Transaction ID: C933067 Amount of Each Receipt this Perio	ner Receipt For: Primary General	Emergency Physician Aggregate Year-to-Date ▼	
City State Zip Code Transaction ID: C933067 Holyoke MA 01040-1301 FEC ID number of contributing federal political committee. Name of Employer Dr. Pushpa R Mudan Receipt For: Primary General O 6 0 8 2 0 1 Transaction ID: C933067 Amount of Each Receipt this Perio	Pushpa R R Mudan		=
Holyoke MA 01040-1301 Amount of Each Receipt this Perior FEC ID number of contributing federal political committee. C Name of Employer Dr. Pushpa R Mudan Receipt For: Primary General Amount of Each Receipt this Perior 500.0		State Zin Code	06 08 2010
federal political committee. Name of Employer Dr. Pushpa R Mudan Receipt For: Primary General Occupation Emergency Physician Aggregate Year-to-Date FOO OO	•	•	Transaction ID: C933067 Amount of Each Receipt this Period
Receipt For: Primary General Aggregate Year-to-Date FOO OO		C	500.00
Receipt For: Aggregate Year-to-Date ▼ Primary General	Name of Employer Dr. Pushpa R Mudan		1
	Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional))	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any perso e name and address of any political committee to al Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Matthew S Muller Mailing Address 6155 Belmont Ave City Dallas FEC ID number of contributing federal political committee. Name of Employer Dallas County Hospital District Receipt For: Primary General Other (specify)	State Zip Code TX 75214-3623 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alvin J J Murn Mailing Address 107 Rutan Ct City Mooresville FEC ID number of contributing federal political committee. Name of Employer MEMA Receipt For: Primary General Other (specify)	State Zip Code NC 28117-8497 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Scott B B Murray Mailing Address 1 Sandy Way City Ayer FEC ID number of contributing federal political committee. Name of Employer Dr. Scott B Murray Receipt For: Primary General Other (specify)	State Zip Code MA 01432-1590 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C947737 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number	·	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 210 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any perso ig the name and address of any political committee to itical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Steven Nazario		Date of Receipt
Mailing Address 7597 St Stephens City	Ct State Zip Code	0 5 2 1 2 0 1 0 Transaction ID: C922654
<u>Orlando</u>	FL 32835-6526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer FL Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address Unit A 1408 Vermont St		04 28 2010
City	State Zip Code	Transaction ID: C913305
Houston FEC ID number of contributing federal political committee.	TX 77006	Amount of Each Receipt this Period 100.00
Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Ira R R Nemeth		Date of Receipt
Mailing Address Unit A 1408 Vermont St		05 25 2010
City	State Zip Code	Transaction ID: C926294
Houston	TX 77006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SURTOTAL of Receipts This Page (ontion	nal)	1200.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 210 (check only one) X 11a
or for commercial p	pied from such Reports and Sta ourposes, other than using the in MMITTEE (In Full)	atements may name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ergency Medicine Political	Action Com	nmittee	
A. Ira R R Nemeth	t, First, Middle Initial)			Date of Receipt
Mailing Address	Unit A 1408 Vermont St			06 29 2010
City		State	Zip Code	Transaction ID: C947319
Houston		TX	77006	Amount of Each Receipt this Period
FEC ID number federal political		C		100.00
Name of Emplo Dr. Ira R Neme	yer Ih	Occupation Emergen	n cy Physician	
Receipt For:		Aggregate	Year-to-Date ▼	
Primary Other (spe	☐ General ecify) ▼		600.00	
Full Name (Last	t, First, Middle Initial) b			Date of Receipt
Mailing Address	15643 Compass Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C904840
Northport		AL	35475-3923	Amount of Each Receipt this Period
FEC ID number federal political		C		1000.00
Name of Employ First Care	yer	Occupation Emergen	n cy Physician	
Receipt For:	Consul	Aggregate	Year-to-Date ▼	
Other (spe	☐ General ecify) ▼		1000.00	
Full Name (Last Patricia Nichols	t, First, Middle Initial)			Date of Receipt
Mailing Address	911 Home Grove Dr			05 21 2010
City		State	Zip Code	Transaction ID: C922639
Winter Garde		FL	34787-6514	Amount of Each Receipt this Period
FEC ID number federal political		C		1000.00
Name of Employ FL Emer Phys	yer	Occupation Emergen	n cy Physician	
Receipt For:	Conord	Aggregate	Year-to-Date ▼	_
Primary Other (spe	☐ General ecify) ▼		1000.00	
SUBTOTAL of Re	eceipts This Page (optional)			2100.00
	od (last page this line number o		<u> </u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Committee	
۷.	Full Name (Last, First, Middle Initial) Jeffrey R R Nickel		Date of Receipt
	Mailing Address 2300 N Black Oak Dr		04 28 2010
	City Angola	State Zip Code IN 46703-8195	Transaction ID: C913370 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
- 3.	Full Name (Last, First, Middle Initial) Jeffrey R R Nickel		Date of Receipt
	Mailing Address 2300 N Black Oak Dr	05 25 2010	
	City	State Zip Code IN 46703-8195	Transaction ID: C926295
	Angola FEC ID number of contributing federal political committee.	IN 46703-8195	Amount of Each Receipt this Period 83.33
	Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
_	Full Name (Last, First, Middle Initial) Jeffrey R R Nickel		Date of Receipt
	Mailing Address 2300 N Black Oak Dr		06 29 2010
	City	State Zip Code	Transaction ID: C947320
	Angola FEC ID number of contributing federal political committee.	IN 46703-8195	Amount of Each Receipt this Period 83.33
	Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
	SUBTOTAL of Receipts This Page (optional)	1	249.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any perso the name and address of any political committee to tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian Nobie Mailing Address 2107 Willow Laurel City Windermer FEC ID number of contributing federal political committee. Name of Employer FL Emer Phys Receipt For: Primary General	State Zip Code FL 34786-6016 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 2 1 2 0 1 0 Transaction ID: C922637 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Ramon Nunez Mailing Address 7926 Saint Giles P City Orlando FEC ID number of contributing federal political committee. Name of Employer Florida Emer Phys Receipt For: Primary General	State Zip Code FL 32835-7909 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert E E O'Connor Mailing Address 515 Foxdale Ln City Charlottesville FEC ID number of contributing federal political committee. Name of Employer Univ of VA Hith Svc-Dept of EM Receipt For: Primary Other (specify)	State Zip Code VA 22903-9201 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y O 4 28 2010 Transaction ID: C913376 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional	al)	2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 210 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not the name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli		• •	
Full Name (Last, First, Middle Initial)			Date of Receipt
Lisa Marie Marie O'Grady Mailing Address 1320 Webster St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C922645
Orlando	FL	32804-2855	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Dr. Lisa Marie O'Grady	Occupation Emergency	Physician	
Receipt For:	Aggregate Yea	· ·	\dashv
Primary General Other (specify) ▼	Aggregate 10th	1000.00	
Full Name (Last, First, Middle Initial) William P P Olivieri			Date of Receipt
Mailing Address 18 Steeplechase L	n		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C947318
<u>Asbury</u>	NJ	08802-1086	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Hackettstown Cmnty Hosp	Occupation Emergency	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Anna M Olson			Date of Receipt
Mailing Address 1130 Carlson Drive)		04 30 2010
City	State	Zip Code	Transaction ID: C913132
Colorado Springs	CO	80919-2709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer So. CO EM Associates	Occupation EM Physicia	n/Medical Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	-D		1625.00

SCHEDULE A (FEC FO	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 112 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such F or for commercial purposes, other the NAME OF COMMITTEE (In Full Purposes).	an using the name and address of a	old or used by any perso any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
1	ne Political Action Committee			
Full Name (Last, First, Middle In Jorge E Otero	,		Date of Receipt	
0 112 201 10	Mailing Address NE Emer Med Spec 245 E Rock Rd			
City	· ·	Code	Transaction ID: C926296	
New Haven	CT 065	511-1230	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		166.66	
Name of Employer NE Emer Med Spec	Occupation Emergency Phys	sician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 499.98		
Full Name (Last, First, Middle In Jorge E Otero	tial)		Date of Receipt	
245 E Rock	245 E Rock Rd			
City	'	Code	Transaction ID: C947321	
New Haven FEC ID number of contributing federal political committee.	C 063	511-1230	Amount of Each Receipt this Period 83.33	
Name of Employer NE Emer Med Spec	Occupation Emergency Phys	sician		
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-	Date ▼ 499.98		
Full Name (Last, First, Middle In Ryan Glenn Glenn Padgett	tial)		Date of Receipt	
Mailing Address 1132 23rd /	ve E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	-	Code	Transaction ID: C929245	
Seattle FEC ID number of contributing federal political committee.	WA 981	12-3521	Amount of Each Receipt this Period 100.00	
Name of Employer Dr. Ryan Glenn Padgett	Occupation Emergency Phys	sician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-			
SUBTOTAL of Receipts This Page	· (optional)		349.99	
	(optional)line number only)	·	34	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 210 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit		· ·	
Full Name (Last, First, Middle Initial) Ernest Page, II			Date of Receipt
Mailing Address 11030 Ullswater Ln	M M / D D / Y Y Y Y Y O D D / 21 2010		
City Windermere	State FL	Zip Code	Transaction ID: C922629
FEC ID number of contributing federal political committee.	C	34786-5411	Amount of Each Receipt this Period 1000.00
Name of Employer FL Emer Phys	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ketan Pandya			Date of Receipt
Mailing Address 13049 Water Pt Blv	/d		0 5 2 1 Y Y Y Y Y
City Windermere	State FL	Zip Code 34786-5818	Transaction ID: C922620
FEC ID number of contributing federal political committee.	C	34/00-3010	Amount of Each Receipt this Period 1000.00
Name of Employer FL Hosp Altamonte	Occupation Emergen	n cy Physician	7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Diane Paratore			Date of Receipt
Mailing Address 1737 Sheffield Rd			05 19 2010
City	State	Zip Code	Transaction ID: C920698
Birmingham FEC ID number of contributing federal political committee.	C	48009-7224	Amount of Each Receipt this Period 250.00
Name of Employer Botsford Gen Hosp	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 210 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politics Name of Committee (In Full)	tical Action Con	nmittee	
Full Name (Last, First, Middle Initial) William C Parks			Date of Receipt
Mailing Address 2501 Limerick Ln	M M / D D / Y Y Y Y Y Y O 1 O 1 O 1 O 1 O 1 O 1 O 1		
City Columbia	State MO	Zip Code 65203-1990	Transaction ID: C947323 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03203-1990	125.00
Name of Employer Emergency Physicians of Mid Missouri Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate		
Full Name (Last, First, Middle Initial) Chirag G G Patel Mailing Address 20 Aqueduct PI	'		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C929204
Howell FEC ID number of contributing federal political committee.	C	07731-2400	Amount of Each Receipt this Period 500.00
Name of Employer Dr. Chirag G Patel	Occupation	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Nilesh Patel			Date of Receipt
Mailing Address 520 W 43rd St Apt Apt 27J	27J		M M / D D / Y Y Y Y Y O D D / 25 2010
City New York	State NY	Zip Code 10036-4355	Transaction ID: C926257 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000 4000	250.00
Name of Employer St Josephs Regl Med Ctr	Occupation Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al))	875.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 210 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Con	nmittee	
۸.	Full Name (Last, First, Middle Initial) Charles F Pattavina			Date of Receipt
	Mailing Address St Joseph Hosp 360 Broadway			04 28 2010
	City Bangor	State ME	Zip Code 04401-3979	Transaction ID: C913375 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St Joseph Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) Lee E E Payne	-1		Date of Receipt
	Mailing Address 4199 Douglass Way	04 28 2010		
	City	State CO	Zip Code	Transaction ID: C913303
	USAF Academy FEC ID number of contributing federal political committee.	C	80840-1099	Amount of Each Receipt this Period 83.33
	Name of Employer HQ Air Force Space Command	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.98	
_	Full Name (Last, First, Middle Initial) Lee E E Payne			Date of Receipt
	Mailing Address 4199 Douglass Way			05 25 2010
	City USAF Academy	State CO	Zip Code 80840-1099	Transaction ID: C926297 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer HQ Air Force Space Command	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.98	
	SUBTOTAL of Receipts This Page (optional) .	1		416.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	egory of the	FOR LINE NUMBER: PAGE 116 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	name and address of any polit	used by any person tical committee to so	for the purpose of soliciting contributions plicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lee E E Payne Mailing Address 4199 Douglass Way City USAF Academy FEC ID number of contributing federal political committee. Name of Employer HQ Air Force Space Command Receipt For: Primary General Other (specify)	State Zip Code CO 80840-109 C Occupation Emergency Physician Aggregate Year-to-Date		Date of Receipt M M M 29 29 2010 Transaction ID: C947324 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Daniel Eugene Eugene Peckenpaugh Mailing Address 4107 Woodcreek Ct City Colleyville FEC ID number of contributing federal political committee. Name of Employer HEB Emergicare PA Receipt For: Primary General Other (specify)	State Zip Code TX 76034-410 C Occupation Emergency Physician Aggregate Year-to-Date	1000.00	Date of Receipt M M M O D D O T 2 0 1 0 Transaction ID: C933050 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Nathan Phillip Phillip Peimann Mailing Address PO Box 20150 City Juneau FEC ID number of contributing federal political committee. Name of Employer Bartlett Hosp Receipt For: Primary General Other (specify)	State Zip Code AK 99802-015 C Occupation Emergency Physician Aggregate Year-to-Date		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C947036 Amount of Each Receipt this Period 525.00
SUBTOTAL of Receipts This Page (optional))	1608.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 210 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Com	nmittee	
Full Name (Last, First, Middle Initial) Vanessa C C Peluso			Date of Receipt
Mailing Address 1768 Elizabeths Walk			05 21 2010
City	State	Zip Code	Transaction ID: C922638
Winter Park	FL	32789-5948	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer FL Emer Phys	Occupation	n cy Physician	
Receipt For:		Year-to-Date V	
Primary General Other (specify) ▼	Aggregate	1000.00	
Full Name (Last, First, Middle Initial) Salvatore Pepe, IV			Date of Receipt
Mailing Address 1649 Glendola Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C929215
<u>W</u> all	NJ	07719-4505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Comm Med Ctr	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Alberto Perez			Date of Receipt
Mailing Address 59 Windswept Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C913301
Coventry	CT	06238-3622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Windham Cmnty Meml Hosp	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 499.98	
SUBTOTAL of Receipts This Page (optional)			1583.33

or for commercial purposes, other than using	· · · · · · · · · · · · · · · · · · ·	13 14 15 16 17
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any perso he name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alberto Perez Mailing Address 59 Windswept Way City Coventry FEC ID number of contributing federal political committee. Name of Employer Windham Cmnty Meml Hosp	State Zip Code CT 06238-3622 C Occupation Emergency Physician	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C926298 Amount of Each Receipt this Period 83.33
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) Alberto Perez Mailing Address 59 Windswept Way City	State Zip Code	Date of Receipt M M
Coventry FEC ID number of contributing federal political committee.	CT 06238-3622	Amount of Each Receipt this Period 83.33
Name of Employer Windham Cmnty Meml Hosp Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) John E E Plastino Mailing Address 642 W Brubaker Val	Ley Rd #P	Date of Receipt
City Lititz	State Zip Code PA 17543-9530	Transaction ID: C935219 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lancaster General Hosp ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		416.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 210 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) S Scott Polsky Mailing Address 5735 Whispering TrI City Galena FEC ID number of contributing federal political committee. Name of Employer Dr. S Scott Polsky Receipt For: Primary General Other (specify)	State Zip Code OH 43021-8049 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) W Randall Poole Mailing Address 1110 SW Ivanhoe Blvd Apt 17 City Orlando FEC ID number of contributing federal political committee. Name of Employer FL Emer Phys Receipt For: Primary General Other (specify)	State Zip Code FL 32804-6370 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Ericka Powell Mailing Address 40 Lane Rd City Derry FEC ID number of contributing federal political committee. Name of Employer Lancaster Regional Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NH 03038-4194 C Occupation Emergency Physician Aggregate Year-to-Date 499.98	Date of Receipt M M M / D D / Y Y Y Y O 4 28 2010 Transaction ID: C913300 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)		1333.33

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	(check only one)
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by an e name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	National Emergency Medicine Politic	al Action Committee	
	Full Name (Last, First, Middle Initial) Ericka Powell		Date of Receipt
	Mailing Address 40 Lane Rd		05 25 2010
	City Derry	State Zip Code NH 03038-4194	Transaction ID: C926299 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Lancaster Regional Med Ctr	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.9	
	Full Name (Last, First, Middle Initial) Ericka Powell		Date of Receipt
	Mailing Address 40 Lane Rd	06 29 2010	
	City	State Zip Code	Transaction ID: C947326
	Derry FEC ID number of contributing federal political committee.	NH 03038-4194	Amount of Each Receipt this Period 83.33
	Name of Employer Lancaster Regional Med Ctr	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	8
	Full Name (Last, First, Middle Initial) Eva Prakash		Date of Receipt
	Mailing Address 334 Gershwin Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Houston	State Zip Code TX 77079-7312	Transaction ID: C906131
	FEC ID number of contributing federal political committee.	C 77079-7312	Amount of Each Receipt this Period 100.00
	Name of Employer GHEP	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.0	00
	SUBTOTAL of Receipts This Page (optional)		266.66

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 210 (check only one) X
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	National Emergency Medicine Political	Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Eva Prakash			Date of Receipt
	Mailing Address 334 Gershwin Dr			04 28 4 2010
	City Houston	State TX	Zip Code 77079-7312	Transaction ID: C913298 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GHEP	Occupatio Emergen	n ncy Physician	7
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
- В.	Full Name (Last, First, Middle Initial) John H Hannon Proctor	Date of Receipt		
	Mailing Address 320 Old Hickory Blvd #1200		7: 0 !	05 20 2010
	City Nashville	State TN	Zip Code 37221-1310	Transaction ID: C921456 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Team Health	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
с. С.	Full Name (Last, First, Middle Initial) Christopher R R Pund	Date of Receipt		
	Mailing Address 872 Golden Bell Pl			0 6 1 4 2 0 1 0
	City Lexington	State KY	Zip Code 40515-1198	Transaction ID: C935764 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100101100	100.00
	Name of Employer Marshall Emer Svc Assoc PSC	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)			1350.00
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 11		
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee			
Full Name (Last, First, Middle Initial) Josh W W Quaas		Date of Receipt		
Mailing Address 99 State St # 2W Apt 2W City	State Zip Code	M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Brooklyn	NY 11201-5533	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	300.00		
Name of Employer St Lukes Roosevelt Hosp Ctr	Occupation Emergency Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) Aaron Robert Robert Quinn	Date of Receipt			
Mailing Address 14028 W Old River To				
City	·			
Gulfport	MS 39503-9046	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer USAF	Occupation Emergency Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Joshua Quinones	1	Date of Receipt		
Mailing Address 244 Poppy Ave		06 30 7 2010		
City	State Zip Code	Transaction ID: C950884		
Monrovia FEC ID number of contributing federal political committee.	CA 91016-2426	Amount of Each Receipt this Period 250.00		
Name of Employer LAC/USC Medical Ctr	Occupation Emergency Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional) .		1550.00		
TOTAL This Period (last page this line numbe	<u> </u>			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 210 (check only one) X
0	ny information copied from such Reports and sort for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Cor	nmittee	
۸.	Full Name (Last, First, Middle Initial) Mohan Rajaratnam Mailing Address 4559 Diplomat Drive			Date of Receipt
	City	State	Zip Code	0 6 2 2 2 1 0 1 0 Transaction ID: C943229
	Stow	OH	44224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Stark County Emergency Ph- ysicians	Occupation Emerger	on ncy Room Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Pamela Ramsey	Date of Receipt		
	Mailing Address 11730 S Hagan St	06 15 2010		
	City	State	Zip Code	Transaction ID: C935204
	Olathe FEC ID number of contributing federal political committee.	KS C	66062-8023	Amount of Each Receipt this Period 500.00
	Name of Employer Univ of KS Med Ctr	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00	
. –	Full Name (Last, First, Middle Initial) Masood A A Ranginwala			Date of Receipt
	Mailing Address 13 Nevada PI			06 30 7 2010
	City	State	Zip Code	Transaction ID: C950882
	Bronxville FEC ID number of contributing federal political committee.	C	10708-5915	Amount of Each Receipt this Period 300.00
	Name of Employer Stamford Hosp Occupation Emergency Physician			
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		1800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	d Statements may not be sold or used by any perso the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) W Ravindran Mailing Address 1012 Sheila Dr City Toms River FEC ID number of contributing federal political committee. Name of Employer Comm Med Ctr ED	State Zip Code NJ 08753-3522 C Occupation Emergency Physician	Date of Receipt M M M / D D / Y Y Y Y Y O 5 2 7 2 0 1 0 Transaction ID: C929189 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Gordon Dean Reed Mailing Address 10 Oakknoll Cir City	State Zip Code	Date of Receipt M M
Newark FEC ID number of contributing federal political committee.	DE 19711-2490 C	Amount of Each Receipt this Period 500.00
Name of Employer Doctors for Emer Svc Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) John Joseph Joseph Reed, Jr Mailing Address 2917 Hybart St		Date of Receipt 0 6 0 7 2 0 1 0
City	State Zip Code	Transaction ID: C933048
Fayetteville FEC ID number of contributing federal political committee.	NC 28303-5916	Amount of Each Receipt this Period 500.00
Name of Employer Cape Fear Valley Med Ctr	Occupation Emergency Physician	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	l)	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Benerits a	Use separate schedule(s) for each category of the Detailed Summary Page nd Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 125 / 210 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	g the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		Date of Receipt
lan Reilly Mailing Address 2317 Cambridge A	ve	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C948490
Cardiff	CA 92007-2001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dr. Ian Reilly	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) William E E Reisinger, III		Date of Receipt
Mailing Address 2801 Chalford Cir I	NW	05 18 2010
City	State Zip Code	Transaction ID: C920241
North Canton FEC ID number of contributing federal political committee.	OH 44720-8225	Amount of Each Receipt this Period 1000.00
Name of Employer EMP	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C Michael Remoll		Date of Receipt
Mailing Address 1754 Long Green [Or	0 6 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C935566
Annapolis	MD 21409-5853	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Anne Arundel Med Ctr ED	Occupation Emergency Physician	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Page (antico.	al)	1600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 210 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Committee	
۸.	Full Name (Last, First, Middle Initial) Jessica Resnick		Date of Receipt
	Mailing Address 21112 Byron Rd		04 / 30 2010
	City	State Zip Code	Transaction ID: C913342
	Shaker Heights FEC ID number of contributing	OH 44122-2917	Amount of Each Receipt this Period
	federal political committee.	C	1000.00
	Name of Employer Akron Gen Hosp	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
	Full Name (Last, First, Middle Initial) Marc C Restuccia	Date of Receipt	
	Mailing Address 13 Elliott Rd		06 30 7 2010
	City	State Zip Code	Transaction ID: C947703
	Sterling	MA 01564-2005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Univ of MA Medical Center ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
_	Full Name (Last, First, Middle Initial) Jeffrey A A Rey	Date of Receipt	
	Mailing Address 32 Hyannis	0 6 1 8 Y Y Y Y Y	
	City	State Zip Code	Transaction ID: C936460
	Laguna Niguel	CA 92677-4770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Mission Hosp Regl Med Ctr ED	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00	
Г		L	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 210 (check only one) X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Gonzalo Reyes Mailing Address 250 Treeline Park # 50	05		Date of Receipt 0 6 0 8 2 0 1 0
	Apt 8C City	State	Zip Code	Transaction ID: C938935
	San Antonio	TX	78209-7406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Baystate Med Ctr	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
 3.	Full Name (Last, First, Middle Initial) Lynn Deborah Deborah Reyman Mailing Address 14 Hoffman St	ı		Date of Receipt
	City	Otata Otata	7:- Code	04 26 2010
	City Maplewood	State NJ	Zip Code 07040-1114	Transaction ID: C912379 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0,040	250.00
	Name of Employer EMA	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Lynn Deborah Deborah Reyman	1		Date of Receipt
	Mailing Address 14 Hoffman St			0 6 0 7 2 0 1 0
	City	State	Zip Code	Transaction ID: C935548
	Maplewood	NJ	07040-1114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer EMA	, ' <u> </u>	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
S	UBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Barbara J Reynolds Mailing Address 5009 Lexington Rd City Paris FEC ID number of contributing federal political committee. Name of Employer Team Health Receipt For: Primary General Other (specify)	State Zip Code KY 40361-9046 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Cheryl S S Reynolds Mailing Address 996 Oakpoint Cir City Apopka FEC ID number of contributing federal political committee. Name of Employer FL Emer Phys Receipt For: Primary General Other (specify)	State Zip Code FL 32712-3706 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: C922623 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Matthew M M Rice Mailing Address 8320 Goodmand Driv City Gig Harbor FEC ID number of contributing federal political committee. Name of Employer Team Health Receipt For: Primary General Other (specify)	State Zip Code WA 98332-9564 C Occupation Doctor Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	•	4000.00

Any information copied from such Reports and Sta or for commercial purposes, other than using the normal political A. Full Name (Last, First, Middle Initial) Michael Steven Steven Ritter Mailing Address 321 Poppy Ave City Corona Del Mar FEC ID number of contributing federal political committee. Name of Employer Mission Hospital Reg Med Ctr Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Allen L L Roberts Mailing Address 9125 Benview Ct	ame and address of any political committee to s	Date of Receipt Date of Receipt		
A. Full Name (Last, First, Middle Initial) Michael Steven Steven Ritter Mailing Address 321 Poppy Ave City Corona Del Mar FEC ID number of contributing federal political committee. Name of Employer Mission Hospital Reg Med Ctr Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Allen L L Roberts Mailing Address 9125 Benview Ct	State Zip Code CA 92625-3024 C Occupation Emergency Physician	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Michael Steven Steven Ritter Mailing Address 321 Poppy Ave City Corona Del Mar FEC ID number of contributing federal political committee. Name of Employer Mission Hospital Reg Med Ctr Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Allen L L Roberts Mailing Address 9125 Benview Ct	CA 92625-3024 C Occupation Emergency Physician	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Corona Del Mar FEC ID number of contributing federal political committee. Name of Employer Mission Hospital Reg Med Ctr Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Allen L L Roberts Mailing Address 9125 Benview Ct	CA 92625-3024 C Occupation Emergency Physician	Transaction ID: C917777 Amount of Each Receipt this Period		
Corona Del Mar FEC ID number of contributing federal political committee. Name of Employer Mission Hospital Reg Med Ctr Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Allen L L Roberts Mailing Address 9125 Benview Ct	CA 92625-3024 C Occupation Emergency Physician	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. Name of Employer Mission Hospital Reg Med Ctr Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Allen L L Roberts Mailing Address 9125 Benview Ct	Occupation Emergency Physician			
Ctr Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Allen L L Roberts Mailing Address 9125 Benview Ct City	Emergency Physician	┥		
Primary General Other (specify) Full Name (Last, First, Middle Initial) Allen L L Roberts Mailing Address 9125 Benview Ct City	Aggregate Year-to-Date ▼			
Allen L L Roberts Mailing Address 9125 Benview Ct City	500.00			
City	Allen L L Roberts			
•				
Fort Worth	State Zip Code	Transaction ID: C935210		
FEC ID number of contributing federal political committee.	TX 76126-4305	Amount of Each Receipt this Period		
Name of Employer EMC Ltd	Occupation Emergency Physician			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Richard Dean Dean Robinson				
Mailing Address 3913 Regency Dr				
City	State Zip Code	Transaction ID: C933703		
Deer Park	TX 77536-6190	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	1000.00		
Name of Employer Univ of TX at Houston	Occupation Emergency Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (optional)		Ī		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 210 (check only one)	
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Con	nmittee		
Full Name (Last, First, Middle Initial) Claudette Rodriguez			Date of Receipt	
Mailing Address 519 W 6th St Apt 108D			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Tempe	State AZ	Zip Code 85281-2862	Transaction ID: C933680 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer Dr. Claudette Rodriguez	Occupation Emergen	n ncy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00		
Full Name (Last, First, Middle Initial) Maritza Rodriguez	Date of Receipt			
Mailing Address 2336 Kettle Dr				
City Orlando	State FL	Zip Code 32835-8129	Transaction ID: C922612	
FEC ID number of contributing federal political committee.	C	32033-0129	Amount of Each Receipt this Period	
Name of Employer FL Emer Phys	Occupation Emergen	n ncy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	y Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Brian G G Rogers			Date of Receipt	
Mailing Address 21993 Deer Park D	r		04 28 2010	
City Chugiak	State	Zip Code	Transaction ID: C913263	
FEC ID number of contributing federal political committee.	C	99567-5326	Amount of Each Receipt this Period 500.00	
Name of Employer Dr. Brian G Rogers	Occupation Emergen	n ncy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional	al)		1600.00	

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 210 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	l Statements may he name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Adil M M Roomi			Date of Receipt
Mailing Address Community Med Ctr 99 Route 37 E			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tomo Divor	State	Zip Code	Transaction ID: C904900
Toms River FEC ID number of contributing federal political committee.	C	08753-6672	Amount of Each Receipt this Period 400.00
Name of Employer Community Med Ctr	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Adil M M Roomi			Date of Receipt
Mailing Address Community Med Ctr 99 Route 37 E			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Toms River	State NJ	Zip Code 08753-6672	Transaction ID: C929216
FEC ID number of contributing federal political committee.	C	00733-0072	Amount of Each Receipt this Period 500.00
Name of Employer Community Med Ctr	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Alexander Max Max Rosenau			Date of Receipt
Mailing Address Lehigh Valley Hosp PO Box 689 JDMCC	Ste 214		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Allentown	State	Zip Code	Transaction ID: C947328
FEC ID number of contributing federal political committee.	C	18105-1556	Amount of Each Receipt this Period 250.00
Name of Employer Lehigh Valley Hosp	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	-, '	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1150.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 210 (check only one) X
or f	information copied from such Reports and S or commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
۱.	Full Name (Last, First, Middle Initial) Michael Roshon			Date of Receipt
-	Mailing Address 330 Wedgewood Ct	Ctata	7:n Code	06 30 2010
	City Colorado Springs	State CO	Zip Code 80906-4326	Transaction ID: C947725 Amount of Each Receipt this Period
1	FEC ID number of contributing ederal political committee.	C	00000 4020	500.00
i	Name of Employer Dr. Michael Roshon	Occupatio Emerger	n ncy Physician	
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) David William William Ross			Date of Receipt
ļ	Mailing Address 15340 Raton Rd	04 28 2010		
	City	State	Zip Code	Transaction ID: C913374
-	Colorado Spgs	CO	80921-2140	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
_	Name of Employer Front EM Specialties Inc	,	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Sean Churchill Churchill Rowland			Date of Receipt
Ī	Mailing Address 178 Adelphia Rd			05 27 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C929190
Ī	Farmingdale FEC ID number of contributing rederal political committee.	C	07727-3523	Amount of Each Receipt this Period 500.00
į	Name of Employer Cmnty Med Ctr	Occupatio Emerger	n ncy Physician	
Ī	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
su	BTOTAL of Receipts This Page (optional)			1250.00
	BTOTAL of Receipts This Page (optional) TAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
۱.	Full Name (Last, First, Middle Initial) Patricia A A Ryan Mailing Address 7040 F Sovaluna Pl		Date of Receipt
		Olate 7': O. d.	05 25 2010
	City Tucson	State Zip Code AZ 85715-3342	Transaction ID: C926240 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Northwest Tucson Emerg Phy	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Andrew Sama		Date of Receipt
	Mailing Address 253 Dover Rd	04 24 2010	
	City	State Zip Code NY 11030-3709	Transaction ID: C910128
	Manhasset FEC ID number of contributing federal political committee.	NY 11030-3709	Amount of Each Receipt this Period 84.00
	Name of Employer North Shore Univ Hosp	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	
_	Full Name (Last, First, Middle Initial) Andrew Sama		Date of Receipt
	Mailing Address 253 Dover Rd	05 24 2010	
	City	State Zip Code	Transaction ID: C922464
	Manhasset FEC ID number of contributing federal political committee.	NY 11030-3709	Amount of Each Receipt this Period 84.00
	Name of Employer North Shore Univ Hosp	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	
	SUBTOTAL of Receipts This Page (optional) .		668.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
A C	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Con	nmittee		
۷.	Full Name (Last, First, Middle Initial) Andrew Sama			Date of Receipt	
	Mailing Address 253 Dover Rd	Otata	7: 0.1.	06 24 2010	
	City Manhasset	State NY	Zip Code 11030-3709	Transaction ID: C941016 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	11000 0700	84.00	
	Name of Employer North Shore Univ Hosp	Occupation Emergen	n ncy Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	year-to-Date ▼ 504.00		
- 3.	Full Name (Last, First, Middle Initial) Matthew J J Sanders			Date of Receipt	
	Mailing Address 2587 Gardenia Dr	06 01 2010			
	City State Zip Code			Transaction ID: C931857	
	Columbus	OH	43235-5519	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Premier HIth Care Svcs	Occupation Emergen	n ncy Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00		
_	Full Name (Last, First, Middle Initial) Matthew J J Sanders			Date of Receipt	
	Mailing Address 2587 Gardenia Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: C950881	
	Columbus FEC ID number of contributing federal political committee.	C	43235-5519	Amount of Each Receipt this Period 250.00	
	Name of Employer Premier Hith Care Svcs	Occupation Emergen	n ncy Physician		
	Receipt For: Primary General Other (specify) ▼	_ · · _ · _ ·	Year-to-Date ▼ 350.00		
	SUBTOTAL of Receipts This Page (optional)	-1		434.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1		
or for commercial purposes, other than using the	Statements may not be sold or used by any person are name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee			
Full Name (Last, First, Middle Initial) Marc Santambrosio Mailing Address 7965 S Park PI		Date of Receipt		
City	State Zip Code	0 5 2 1 2 0 1 0 Transaction ID: C922648		
<u>Orlando</u>	FL 32819-4885	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer FL Emer Phys	Occupation Emergency Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) David D D Sarkarati		Date of Receipt		
Mailing Address 415 E Pine St Unit 11 Unit 4057	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	·			
<u>Orlando</u>	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer FL Emer Phys	Occupation Emergency Physician			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Augusta J J Saulys		Date of Receipt		
Mailing Address 747 52nd St		06 28 7 2010		
City	State Zip Code	Transaction ID: C945037		
Oakland	CA 94609-1809	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	100.00		
Name of Employer Childrens Hosp of Oakland ED	Occupation Emergency Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	300.00			
SUBTOTAL of Receipts This Page (optional)		2100.00		
TOTAL This Period (last page this line number	<u> </u>			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 210 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements mane and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Con	nmittee	
۱.	Full Name (Last, First, Middle Initial) Augusta J J Saulys Mailing Address 747 52nd St			Date of Receipt
	Mailing Address 747 52nd St City	State	Zip Code	06 30 2010
	Oakland	CA	94609-1809	Transaction ID: C947750 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Childrens Hosp of Oakland ED	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Thomas L L Schaar			Date of Receipt
	Mailing Address 1318 Gasparilla Dr	04 07 2010		
	City	State	Zip Code	Transaction ID: C904542
	Ft Myers FEC ID number of contributing federal political committee.	FL C	33901-7712	Amount of Each Receipt this Period 400.00
	Name of Employer S Gulf Coast Emer Phys	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Dean E E Schanen			Date of Receipt
	Mailing Address 41 Tiburon St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City The Hills	State TX	Zip Code 78738	Transaction ID: C904516 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70700	250.00
	Name of Employer Dr. Dean E Schanen	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13// 210 (check only one)	
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Con	nmittee		
Full Name (Last, First, Middle Initial) Dean E E Schanen			Date of Receipt	
Mailing Address 41 Tiburon St	06 30 7 2010			
City	State	Zip Code	Transaction ID: C946484	
The Hills FEC ID number of contributing federal political committee.	C	78738	Amount of Each Receipt this Period 100.00	
Name of Employer Dr. Dean E Schanen	Occupation Emergen	n ncy Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00		
Full Name (Last, First, Middle Initial) Nathaniel R R Schlicher			Date of Receipt	
Mailing Address 1012 Sharewood Ct	06 29 7 2010			
City Kettering	State Zip Code OH 45429-4409			
FEC ID number of contributing federal political committee.	C	10120 1100	Amount of Each Receipt this Period 250.00	
Name of Employer Wright State Univ	Occupation Emergen	n ncy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Keith T T Schwager			Date of Receipt	
Mailing Address 2024 Cherrydale Ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: C915438	
Baton Rouge FEC ID number of contributing federal political committee.	C	70808-2817	Amount of Each Receipt this Period 1500.00	
Name of Employer Natchez After Hours Clinic	Occupation Emergen	n ncy Physician		
Receipt For: Primary General Other (specify) ▼		year-to-Date ▼ 1500.00		
SUBTOTAL of Receipts This Page (optional)	ı		1850.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 11		
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee			
Full Name (Last, First, Middle Initial) Regan Andre Andre Schwartz Mailing Address 2446 Westminster Ter		Date of Receipt		
City	State Zip Code	0 5 2 1 2 0 1 0 Transaction ID: C922652		
Oviedo	FL 32765-7503	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer FL Emer Phys	Occupation Emergency Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) David Charles Charles Seaberg		Date of Receipt		
Mailing Address Univ TN Colg of Med-E 960 E 3rd St Ste 100	0 5 28 2010 Transaction ID: C929777			
City	·			
Chattanooga	Chattanooga TN 37403-2133			
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer Univ TN Colg of Med-Deans Ofc	Occupation Emergency Physician			
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Hitesh M Shah		Date of Receipt		
Mailing Address 1605 Green View Way		05 27 2010		
City	State Zip Code	Transaction ID: C929218		
Toms River	NJ 08753-7325	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Univ Connecticut	Occupation Emergency Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	500.00			
SUBTOTAL of Receipts This Page (optional)		1750.00		
TOTAL This Period (last page this line number	<u> </u>			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Sambhav Shah		Date of Receipt
Mailing Address 11347 S Forest Dr		05 26 2010
City	State Zip Code	Transaction ID: C926230
Concord	OH 44077-8958	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Lake West Hosp	Occupation	
Receipt For:	Emergency Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Sambhav Shah		Date of Receipt
Mailing Address 11347 S Forest Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: C936459
Concord	OH 44077-8958	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Lake West Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Sambhav Shah		Date of Receipt
Mailing Address 11347 S Forest Dr		06 18 2010
City	State Zip Code	Transaction ID: C947253
Concord	OH 44077-8958	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Lake West Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0	300.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repor or for commercial purposes, other than use NAME OF COMMITTEE (In Full) National Emergency Medicine F	is and Statements may not be sold or used by any personsing the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregory L L Shangold Mailing Address 66 Beacon Hill I City Storrs	Or State Zip Code CT 06268-2756	Date of Receipt 0 4 2 8 2 0 1 0 Transaction ID: C913373 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Windham Hosp Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 499.98	83.33
Full Name (Last, First, Middle Initial) Gregory L L Shangold Mailing Address 66 Beacon Hill I City Storrs FEC ID number of contributing federal political committee. Name of Employer Windham Hosp Receipt For: Primary General Other (specify)	Or State Zip Code CT 06268-2756 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 499.98	Date of Receipt M M 25 2010 Transaction ID: C926300 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Gregory L L Shangold Mailing Address 66 Beacon Hill I City Storrs FEC ID number of contributing federal political committee. Name of Employer Windham Hosp Receipt For: Primary General Other (specify)	Or State Zip Code CT 06268-2756 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 499.98	Date of Receipt M M C 29 2010 Transaction ID: C947331 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (op	ional)	249.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 210 (check only one) X		
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and add	dress of any political committee to	on for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) Adhi N N Sharma			Date of Receipt		
Mailing Address 53 Nottingham Rd City	Mailing Address 53 Nottingham Rd City State Zip Code				
New Hyde Park FEC ID number of contributing federal political committee.	C	11040-2212	Transaction ID: C947700 Amount of Each Receipt this Period 250.00		
Name of Employer Good Samartan Receipt For:		n ncy Physician e Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	250.00			
Full Name (Last, First, Middle Initial) David Sharp Mailing Address 329 Hawkinsridge L	Date of Receipt 0 4 0 6 2 0 1 0				
City	City State Zip Code Cincinnati OH 45230				
Cincinnati					
FEC ID number of contributing federal political committee.	C		150.00		
Name of Employer emergency caré physicians of n		ıcy Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) David Sharp	'		Date of Receipt		
Mailing Address 329 Hawkinsridge L	Mailing Address 329 Hawkinsridge Ln				
City	State	Zip Code	Transaction ID: C931853		
Cincinnati	OH	45230	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	FEC ID number of contributing federal political committee.		100.00		
Name of Employer emergency caré physicians of n Receipt For:		ncy Physician			
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional	al)		500.00		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than us NAME OF COMMITTEE (In Full) National Emergency Medicine P	s and Statements may not be sold or used by any perso sing the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian Howard Howard Shear Mailing Address 1015 Harrison S City Denver FEC ID number of contributing federal political committee. Name of Employer Exempla Lutheran Med Ctr Receipt For:	State Zip Code CO 80206-3516 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C906484 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Paul M M Sheehan	250.00	Date of Receipt
Mailing Address 2246 Court Ave City Memphis FEC ID number of contributing federal political committee. Name of Employer TeamHealth Receipt For: Primary General Other (specify)	State Zip Code TN 38104-3001 C Occupation Emergency Physician Aggregate Year-to-Date 1100.00	Transaction ID: C921461 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Paul M M Sheehan Mailing Address 2246 Court Ave City Memphis FEC ID number of contributing federal political committee.	State Zip Code TN 38104-3001	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer TeamHealth Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1100.00	
SUBTOTAL of Receipts This Page (opti	ional)	1350.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 210 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) William K K Sheffield Mailing Address 5922 S 1000 E	Chata	7in Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City South Ogden	State UT	Zip Code 84405-7200	Transaction ID: C908823 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	04403-7200	500.00
	Name of Employer EPIC LLC Receipt For: Primary General Other (specify) ▼	- ' <u> </u>	on ncy Physician e Year-to-Date ▼ 1000.00	
 3.	Full Name (Last, First, Middle Initial) William K K Sheffield Mailing Address 5922 S 1000 E			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C935196
	South Ogden	UT	84405-7200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer EPIC LLC	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Gregory M M Shipkey			Date of Receipt
	Mailing Address 3212 Callaway Dr			05 13 2010
	City	State	Zip Code	Transaction ID: C918039
	Midland	TX	79707-5038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Medical Center Hosp	, '	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional) .			3000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 210 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Randolph M M Shiraishi Mailing Address 8944 Echo Ridge Dr	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City Las Vegas	NV	2ip Code 89117-5400	Transaction ID: C945410
	FEC ID number of contributing federal political committee.	C	69117-5400	Amount of Each Receipt this Period
	Name of Employer Dr. Randolph M Shiraishi Receipt For: Primary General Other (specify)	,	n ncy Physician e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Joshua H H Short Mailing Address 720 Cramer Ave			Date of Receipt 0 6 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: C941155
	Lexington	KY	40502-1412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Univ of KY - Lexington	Occupatio Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 600.00	
- :.	Full Name (Last, First, Middle Initial) Joshua H H Short			Date of Receipt
	Mailing Address 720 Cramer Ave			0 6 1 5 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C935215
	Lexington FEC ID number of contributing	KY	40502-1412	Amount of Each Receipt this Period 500.00
	federal political committee.	C		300.00
	Name of Employer Univ of KY - Lexington	Occupatio Emerger	n ncy Physician	7
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)	1		700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 210 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any personance name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Harvey Neal Neal Sievers Mailing Address 6059 S Madison St City Burr Ridge FEC ID number of contributing federal political committee. Name of Employer Glen Oaks Hosp Receipt For: Primary General Other (specify)	State Zip Code IL 60527-5166 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Erin Simon Mailing Address 400 Wabash Ave City Akron FEC ID number of contributing federal political committee. Name of Employer Akron Gen Med Ctr Receipt For: Primary General Other (specify)	State Zip Code OH 44307-2433 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Weylin Sing Mailing Address Florida Hosp 1051 Winderley PI St City Orlando FEC ID number of contributing federal political committee. Name of Employer FL Emer Phys Receipt For: Primary General Other (specify) ▼	e 103 State Zip Code FL 32803-1248 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		1750.00

	EDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any in	formation copied from such Reports and commercial purposes, other than using the	Statements may not be sold or used by any person name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	ME OF COMMITTEE (In Full) utional Emergency Medicine Politic	al Action Committee	
	l Name (Last, First, Middle Initial) ın Jyoti Jyoti Singh		Date of Receipt
	iling Address 7 Matthew Ct	7, 0, 4	05 27 2010
City Cr	y eamridge	State Zip Code NJ 08514-1525	Transaction ID: C929201 Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C	500.00
Na Co	me of Employer mmunity Med Ctr	Occupation Emergency Physician	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	I Name (Last, First, Middle Initial) etna Singh		Date of Receipt
Ма	iling Address 7 Matthew Ct		05 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State Zip Code	Transaction ID: C929212
	eamridge	NJ 08514-1525	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	500.00
Na Co	me of Employer mmunity Medical Center	Occupation Emergency Physician	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	l Name (Last, First, Middle Initial) a Sivanesan		Date of Receipt
Ма	iling Address 765 Bear Creek Cir		05 / 21 / 2010
City		State Zip Code	Transaction ID: C922632
FE	inter Springs C ID number of contributing eral political committee.	FL 32708-3892	Amount of Each Receipt this Period 1000.00
Na Dr.	me of Employer Siva Sivanesan	Occupation Emergency Physician	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
			2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 210 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Don L L Slack		Date of Receipt
Mailing Address 1415 E Kincaid St City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mt Vernon	WA 98274-4126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Skagit Valley Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Kevin Teal Teal Slaughter		Date of Receipt
Mailing Address 1930 Village Center		06 30 7 2010
City	State Zip Code	Transaction ID: C950873
Las Vegas	NV 89134-6245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Dr. Kevin Teal Slaughter	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Todd Slesinger		Date of Receipt
Mailing Address 427 Daub Ave		04 28 2010
City	State Zip Code	Transaction ID: C913371
Hewlett	NY 11557-1136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer North Shore Univ Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 210 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any personal name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Todd Slesinger Mailing Address 427 Daub Ave City Hewlett FEC ID number of contributing federal political committee. Name of Employer North Shore Univ Hosp Receipt For: Primary General Other (specify)	State Zip Code NY 11557-1136 C Occupation Emergency Physician Aggregate Year-to-Date 600.00	Date of Receipt M M C 25 25 2010 Transaction ID: C926301 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Todd Slesinger Mailing Address 427 Daub Ave City Hewlett FEC ID number of contributing federal political committee. Name of Employer North Shore Univ Hosp Receipt For: Primary General Other (specify)	State Zip Code NY 11557-1136 C Occupation Emergency Physician Aggregate Year-to-Date 600.00	Date of Receipt M M / D D / Y Y Y Y Y O 6 2 9 2 0 1 0 Transaction ID: C947334 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Virgil W W Smaltz Mailing Address 10 St Charles Ave City Wheeling FEC ID number of contributing federal political committee. Name of Employer Wheeling Hosp Receipt For: Primary General Other (specify)	State Zip Code WV 26003-9382 C Occupation Emergency Physician Aggregate Year-to-Date 700.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· 	300.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 210 (check only one) X
, c	any information copied from such Reports and St r for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
۷.	Full Name (Last, First, Middle Initial) Virgil W W Smaltz Mailing Address 10 St Charles Ave			Date of Receipt
	- 10 St Charles Ave			05 25 2010
	City	State	Zip Code	Transaction ID: C926266
	Wheeling	WV	26003-9382	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Wheeling Hosp	Occupation Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		700.00	
_ 3.	Full Name (Last, First, Middle Initial) Virgil W W Smaltz			Date of Receipt
	Mailing Address 10 St Charles Ave			06 22 2010
	City	State	Zip Code	Transaction ID: C943218
	Wheeling	WV	26003-9382	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Wheeling Hosp	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 700.00	
_ C.	Full Name (Last, First, Middle Initial) Virgil W W Smaltz			Date of Receipt
	Mailing Address 10 St Charles Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C947336
	Wheeling	WV	26003-9382	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Wheeling Hosp		ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
	SUBTOTAL of Receipts This Page (optional)			300.00
	TOTAL This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 210 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and addr	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter Erik Erik Sokolove Mailing Address 3889 Exmoor Cir City Sacramento FEC ID number of contributing federal political committee. Name of Employer Univ of CA - Davis	State CA C Occupation Emergence	Zip Code 95864-5904 y Physician	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Andrew Solares Mailing Address 1220 S Phillips Ave			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sioux Falls	State SD	Zip Code	Transaction ID: C926252
FEC ID number of contributing federal political committee.	С	57105-0751	Amount of Each Receipt this Period 250.00
Name of Employer Avera McKennan Hosp	Occupation Emergence	y Physician	
Receipt For: Primary General Other (specify) ▼	, ı	/ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Robert C C Solomon			Date of Receipt
Mailing Address 108 Saddle Rdg			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C931724
Oakdale	PA	15071-3726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		249.99
Name of Employer Steel Vly Emer Phys	Occupation Emergence	y Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 499.98	
SUBTOTAL of Receipts This Page (optional) .			749.99

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 210 (check only one) X
Ar	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may re name and addre	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Comn	nittee	
١.	Full Name (Last, First, Middle Initial) Robert C C Solomon Mailing Address 108 Saddle Rdg			Date of Receipt
	City	State	Zip Code	0 6 2 9 2 0 1 0 Transaction ID: C947338
	Oakdale Oakdale	PA	15071-3726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Steel Vly Emer Phys	Occupation Emergency	y Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 499.98	
 B.	Full Name (Last, First, Middle Initial) Rajagopal Srinivasan Mailing Address 915 Fraggett Rd			Date of Receipt
	Mailing Address 815 Freeport Rd			06 02 7 2010
	City	State	Zip Code	Transaction ID: C933691
	Pittsburgh	PA	15215-3301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer UPMC St Margaret	Occupation Emergency	y Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Rajagopal Srinivasan			Date of Receipt
	Mailing Address 815 Freeport Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C950891
	Pittsburgh FEC ID number of contributing federal political committee.	C	15215-3301	Amount of Each Receipt this Period 250.00
	Name of Employer UPMC St Margaret	Occupation Emergency	y Physician	
	Receipt For: Primary General Other (specify) ▼	_ ' 	/ear-to-Date ▼ 350.00	
	UBTOTAL of Receipts This Page (optional) .			433.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 210 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John M M Stadnyk Mailing Address 3224 Avenham Ave City Roanoke FEC ID number of contributing federal political committee. Name of Employer SW Emer Phys Inc Receipt For: Primary General Other (specify)	State Zip Code VA 24014-1408 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C950878 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) John R R Staley, Jr Mailing Address PO Box 30707 City Knoxville FEC ID number of contributing federal political committee. Name of Employer Emergency Coverage Corp Receipt For: Primary General Other (specify)	State Zip Code TN 37930-0707 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) P Andrew Stephens Mailing Address 39 N Wheaton Rd City Akron FEC ID number of contributing federal political committee. Name of Employer Canton Aultman Emer Phys Receipt For: Primary General Other (specify)	State Zip Code OH 44313-3911 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 5
SUBTOTAL of Receipts This Page (optional)		2500.00

ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153/210 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Eric William Stern			Date of Receipt
Mailing Address 611 S Wells St #2403			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State IL	Zip Code 60607	Transaction ID: C903254 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer DES	Occupation ED Atten		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Eric William Stern			Date of Receipt
Mailing Address 611 S Wells St #2403			05 02 7 2010
City	State	Zip Code	Transaction ID: C913419
Chicago FEC ID number of contributing federal political committee.	C	60607	Amount of Each Receipt this Period 100.00
Name of Employer DES	Occupation ED Atten		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Eric William Stern			Date of Receipt
Mailing Address 611 S Wells St #2403			0 6 0 2 2 0 1 0
City Chicago	State IL	Zip Code 60607	Transaction ID: C926822 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer DES	Occupation ED Atten		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optiona			300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	nd Statements may not be sold or used by any person g the name and address of any political committee to stical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jennifer B B Stevenson Mailing Address 38 Ridge Rd City Pleasant Ridge FEC ID number of contributing federal political committee.	State Zip Code MI 48069-1120	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Henry Ford Macomb Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Angela L L Straface Mailing Address 2214 Watercrest D	ır	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Keller FEC ID number of contributing federal political committee.	State Zip Code TX 76248-8341	Transaction ID: C913268 Amount of Each Receipt this Period 416.69
Name of Employer Arlington Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 416.69	
Full Name (Last, First, Middle Initial) James Suel Mailing Address One Seal Harbor #613		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Winthrop	State Zip Code MA 02152	Transaction ID: C950886 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Cambridge Health Alliance	Occupation	250.00
Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1666.69

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 210 (check only one) X 11a
A oi	ny information copied from such Reports and strong for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Con	nmittee	
	Full Name (Last, First, Middle Initial) Thomas Jerome Jerome Sugarman Mailing Address 1563 Solano PMB 463	3		Date of Receipt
				06 05 2010
	City	State	Zip Code	Transaction ID: C935512
	Berkeley	CA	94707-2116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sutter Delta Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Erik Thomas Thomas Sundell	1		Date of Receipt
	Mailing Address 1314 Seventh St			05 / 18 / 2010
	City	State	Zip Code	Transaction ID: C920253
	New Orleans	LA	70115-3319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Ochsner Clinic	, · · · · ·	ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date	_
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Thomas A A Sweeney			Date of Receipt
	Mailing Address 206 Fairhill Dr			05 13 7 2010
	City	State	Zip Code	Transaction ID: C918034
	Wilmington	DE	19808-4311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Doctors for Emerg Svcs	, '	ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
	SUBTOTAL of Receipts This Page (optional) .			700.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 210 (check only one) X
Any inform or for com	nation copied from such Reports and St mercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	OF COMMITTEE (In Full) nal Emergency Medicine Political	Action Con	nmittee	
	me (Last, First, Middle Initial) J Tamsen			Date of Receipt
Mailing	Address PO Box 370630 Emergency Care Dynar	nics		06 30 7 2010
City		State	Zip Code	Transaction ID: C947747
	onego number of contributing political committee.	CA	92137-0630	Amount of Each Receipt this Period 1000.00
Name o Emerge	of Employer ency Care Dynamics	Occupatio Emerger	n ncy Physician	
	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
B. Douglas	Ime (Last, First, Middle Initial) s N N Tannas Address 6339 Red Fox Rd			Date of Receipt
		01-1-	7'- 0-1-	04 30 2010
City Pendl	eton	State IN	Zip Code 46064-8732	Transaction ID: C913330 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		500.00
Name o EMGI	of Employer	Occupatio Emerger	n ncy Physician	
	t For: Primary ☐ General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1500.00	
	ıme (Last, First, Middle Initial) s N N Tannas			Date of Receipt
Mailing	Address 6339 Red Fox Rd			0 6 3 0 / Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C950879
	eton O number of contributing political committee.	C	46064-8732	Amount of Each Receipt this Period 1000.00
Name of EMGI	of Employer	Occupatio Emerger	n ncy Physician	
	t For: Primary General Other (specify) ♥		e Year-to-Date ▼ 1500.00	
SUBTOT	AL of Receipts This Page (optional)			2500.00
TOTAL 1	This Period (last page this line number o	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 157 / 210 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Minta Zulkey Zulkey Tauer Mailing Address 10121 S 86th East PI		Date of Receipt
City	State Zip Code	0 4 2 6 2 0 1 0 Transaction ID: C912371
Tulsa FEC ID number of contributing federal political committee.	OK 74133-6971	Amount of Each Receipt this Period 250.00
Name of Employer Dr. Minta Zulkey Tauer Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Todd B Taylor Mailing Address 2714 Westwood Ave		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Nashville	State Zip Code TN 37212	Transaction ID: C930063 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Microsoft Corp	Occupation Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Edd D D Thomas		Date of Receipt
Mailing Address PO Box 680923		06 21 2010
City <u>Marietta</u>	State Zip Code GA 30068-0016	Transaction ID: C948321 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Dr. Edd D Thomas	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(1)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 210 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an	d Statements may		n for the purpose of soliciting contributions
Any information copied from such Reports and or for commercial purposes, other than using	the name and add	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Politic	cal Action Com	nmittee	
Full Name (Last, First, Middle Initial) Jeffrey B B Thompson			Date of Receipt
Mailing Address PO Box 12779			05 12 2010
City	State	Zip Code	Transaction ID: C917925
Beaumont	TX	77726-2779	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Meml Herman Baptist Beaum-	Occupation		
<u>ont</u>		cy Physician	_
Receipt For: Primary General	Aggregate	Year-to-Date ▼	-
Other (specify) ▼		1300.00	
Full Name (Last, First, Middle Initial) Jeffrey B B Thompson	.		Date of Receipt
Mailing Address PO Box 12779			0 6 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C932039
Beaumont	TX	77726-2779	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Meml Herman Baptist Beaum- ont	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) Mario Elizabeth Elizabeth Trabulsy			Date of Receipt
Mailing Address 1086 Braeloch Rd			0 6 1 7 2 0 1 0
City	State	Zip Code	Transaction ID: C935568
Colchester	VT	05446-7478	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Dr. Mario Elizabeth Trabu-	Occupation Emergen	n cy Physician	
Isy Receipt For:	_ , ' 	Year-to-Date ▼	
Primary General Other (specify) ▼	199.09410	500.00	
SUBTOTAL of Receipts This Page (optional)		1800.00

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 159 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and address of any political committee t	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Kim E E Tranquada Mailing Address 726 W Sand Rake Dr City	State Zip Code	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Oro Vly FEC ID number of contributing federal political committee.	AZ 85755-6799	Transaction ID: C933055 Amount of Each Receipt this Period 500.00
Name of Employer Emer Med Assoc Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Scott M M Urban Mailing Address 61 Marshall		Date of Receipt 0 5 2 5 2 0 1 0
City Egg Harbor Townshi FEC ID number of contributing federal political committee.	State Zip Code NJ 08234-6018 C	Transaction ID: C926254 Amount of Each Receipt this Period 500.00
Name of Employer Atlantic City Medical Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Vikram Varma Mailing Address 10 Georjean Dr		Date of Receipt 0 5 2 7 2 0 1 0
City Holmdel FEC ID number of contributing federal political committee.	State Zip Code NJ 07733-1604	Transaction ID: C929221 Amount of Each Receipt this Period 500.00
Name of Employer Community Med Ctr Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

City State Zip Code MI 48603-2821 FEC ID number of contributing federal political committee. Name of Employer Synergy Med Educ Alliance Receipt For:	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Marional Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Mary Jo Jo Wagner Malling Address 5425 Nottlingham N City Saginaw MI 48603-2821 FEC ID number of contributing federal political committee Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ray Waither Malling Address 2779 Dewhurst Cove City Germantown FEC ID number of contributing federal political committee City Germantown FEC ID number of contributing FEC ID number of contributing federal political committee City Germantown FEC ID number of contributing federal political committee City Germantown FEC ID number of contributing federal political committee City Name of Employer Methodist Univ Feceipt For: Primary General Other (specify) ▼ Cocupation Emergency Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Amount of Each Receipt this Perior Aggregate Year-to-Date ▼ Transaction ID: C929243 Amount of Each Receipt this Perior Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: C929243 Amount of Each Receipt this Perior Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: C929243 Amount of Each Receipt this Perior Aggregate Year-to-Date ▼ Transaction ID: C929243 Amount of Each Receipt this Perior Transaction ID: C929243 Amount of Each Receipt this Perior Transaction ID: C929243 Amount of Each Receipt this Perior Transaction ID: C929243 Amount of Each Receipt this Perior Primary General Aggregate Year-to-Date ▼ Transaction ID: C929243 Amount of Each Receipt this Perior Primary General Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼	or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Al Mary Jo Lo Wagner Mailling Address 5425 Nottingham N City Saginaw Mil 48603-2821 FEC ID number of contributing federal political committee. Name of Employer Synergy Med Educ Alliance Primary General Other (specify) ▼ City State Zip Code Th 38138-7323 Transaction ID: C947689 Amount of Each Receipt his Perior Aggregate Year-to-Date ▼ Transaction ID: C947689 Amount of Each Receipt his Perior Aggregate Year-to-Date ▼ Transaction ID: C947689 Amount of Each Receipt his Perior Aggregate Year-to-Date ▼ Transaction ID: C947689 Amount of Each Receipt his Perior Transaction ID: C913344 Amount of Each Receipt his Perior Aggregate Year-to-Date ▼ Transaction ID: C913344 Amount of Each Receipt his Perior Transaction ID: C913344 Amount of Each Receipt his Perior Aggregate Year-to-Date ▼ Primary General Occupation Emergency Physician Aggregate Year-to-Date ▼ Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929243 Amount of Each Receipt his Perior Transaction ID: C929	1 1	al Action Committee	
City Saginaw Mil 48603-2821 FEC ID number of contributing federal political committee. Name of Employer Synergy Med Educ Alliance Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. C Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: C913344 Amount of Each Receipt this Period Transaction ID: C91344 Transac	Mary Jo Jo Wagner		<u> </u>
Saginaw FEC ID number of contributing federal political committee. Name of Employer Methodist Univ Emergency Physician Receipt For: Primary General Occupation State Zip Code Transaction ID: C913344 Amount of Each Receipt this Period Amount of Each Receipt this Period 250.0 Date of Receipt Amount of Each Receipt this Period 250.0 Date of Receipt Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt Amount of Each Rece		State 7in Code	06 29 2010
FEC ID number of contributing federal political committee. Name of Employer Synergy Med Educ Alliance Receipt For: Primary General Other (specify) ▼	-		
Receipt For: Primary	FEC ID number of contributing		250.00
Primary	Name of Employer Synergy Med Educ Alliance	·	
Aggregate Year-to-Date Ray Waither Mailing Address 2779 Dewhurst Cove City State Zip Code TN 38138-7323 FEC ID number of contributing federal political committee. Name of Employer Methodist Univ Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction ID: C913344 Amount of Each Receipt this Period 300.00 Date of Receipt Transaction ID: C913344 Amount of Each Receipt this Period 300.00 Date of Receipt Transaction ID: C912344 Amount of Each Receipt this Period 300.00 Date of Receipt Transaction ID: C929243 Amount of Each Receipt Aggregate Year-to-Date ▼ 10	Primary General	750.00	
City State Zip Code TN 38138-7323 FEC ID number of contributing federal political committee. Name of Employer Methodist Univ Receipt For: Primary General Other (specify) ▼ City State Zip Code Emergency Physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Neil Wang Mailing Address 1407 Coventry Close City State Zip Code E Lansing FEC ID number of contributing federal political committee. City State Zip Code MI 48823-2418 FEC ID number of contributing federal political committee. Name of Employer Dr. Neil Wang Receipt For: Primary General Occupation Emergency Physician Aggregate Year-to-Date ▼	Ray Walther	1	Date of Receipt
Germantown TN 38138-7323 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Methodist Univ Receipt For: Primary General Other (specify) ▼ City State Zip Code E Lansing MI 48823-2418 FEC ID number of contributing federal political committee. Name of Employer C State Zip Code E Lansing MI 48823-2418 FEC ID number of contributing federal political committee. Name of Employer Dr. Neil Wang Receipt For: Primary General Occupation Emergency Physician Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt Transaction ID: C929243 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: C929243 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: C929243 Amount of Each Receipt this Period Amount of Each Recei	Mailing Address 2779 Dewhurst Cove		
FEC ID number of contributing federal political committee. Name of Employer Methodist Univ Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Neil Wang Mailing Address 1407 Coventry Close City State Zip Code ELansing MI 48823-2418 FEC ID number of contributing federal political committee. Name of Employer Dr. Neil Wang Receipt For: Primary General Occupation Emergency Physician Receipt For: Primary General Aggregate Year-to-Date ▼ 100.0 100	•	•	
Name of Employer Name of Employer Name of Employer Neil Wang	Germantown	TN 38138-7323	Amount of Each Receipt this Period
Receipt For: Primary		C	300.00
Primary General 300.00 Full Name (Last, First, Middle Initial) Neil Wang Mailing Address 1407 Coventry Close City State Zip Code E Lansing MI 48823-2418 FEC ID number of contributing federal political committee. Name of Employer Dr. Neil Wang Receipt For: Primary General 300.00 Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Name of Employer Methodist Univ	·	
Other (specify) Full Name (Last, First, Middle Initial) Neil Wang Mailing Address 1407 Coventry Close City State Zip Code E Lansing MI 48823-2418 FEC ID number of contributing federal political committee. Name of Employer Dr. Neil Wang Receipt For: Primary General Date of Receipt Transaction ID: C929243 Amount of Each Receipt this Period 250.0		Aggregate Year-to-Date ▼	
Neil Wang Mailing Address 1407 Coventry Close City E Lansing FEC ID number of contributing federal political committee. Name of Employer Dr. Neil Wang Receipt For: Primary Date of Receipt M M M O O O O O O O O O O O O O O O O	— · · · · · · · · · · · · · · · · · · ·	300.00	
City State Zip Code E Lansing MI 48823-2418 FEC ID number of contributing federal political committee. Name of Employer Dr. Neil Wang Receipt For: Primary General State Zip Code Transaction ID: C929243 Amount of Each Receipt this Period 250.0	, , , , ,	1	Date of Receipt
E Lansing MI 48823-2418 Amount of Each Receipt this Period 250.0 C	Mailing Address 1407 Coventry Close		
FEC ID number of contributing federal political committee. Name of Employer Dr. Neil Wang Receipt For: Primary General C Occupation Emergency Physician Aggregate Year-to-Date	•	·	
Receipt For: Primary General Aggregate Year-to-Date OFFICIAL STATES OF THE STATES	FEC ID number of contributing		Amount of Each Receipt this Period 250.00
Receipt For: Aggregate Year-to-Date ▼ Primary General	Name of Employer Dr. Neil Wang	·	
	Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional) .		800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 210 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Com	nmittee	
Full Name (Last, First, Middle Initial) Cynthia Paige Waslewski			Date of Receipt
Mailing Address 9811 N 131st PI			M M / D D / Y Y Y Y Y O D D / 2010
City Scottsdale	State AZ	Zip Code 85259-5324	Transaction ID: C918082 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Scottsdale Emerg Assoc	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Cynthia Paige Waslewski	I		Date of Receipt
Mailing Address 9811 N 131st PI			05 25 Y Y Y Y Y Y
City Scottsdale	State AZ	Zip Code 85259-5324	Transaction ID: C926244
FEC ID number of contributing federal political committee.	C	00203-0024	Amount of Each Receipt this Period 250.00
Name of Employer Scottsdale Emerg Assoc	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	_ +	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Nathan P P Watkins			Date of Receipt
Mailing Address 615 Williams St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C926265
Denver FEC ID number of contributing federal political committee.	C	80218-3641	Amount of Each Receipt this Period 250.00
Name of Employer Lutheran Med Ctr	Occupation	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optiona			750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 210 (check only one) X
0	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Matthew J J Watson Mailing Address 1280 Longpointe Pass	;		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C913372
	Alpharetta FEC ID number of contributing federal political committee.	GA C	30005-2284	Amount of Each Receipt this Period 250.00
	Name of Employer Dr. Matthew J Watson Receipt For: Primary General Other (specify)	,	nn ncy Physician e Year-to-Date ▼ 500.00]
3.	Full Name (Last, First, Middle Initial) David A A Wein Mailing Address 116 22nd Ave NE	1		Date of Receipt 0 6 0 9 2 0 1 0
	City	State	Zip Code	Transaction ID: C938929
	St Petersburg	FL	33704-4543	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer USF - Div of Emer Med	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00]
- :.	Full Name (Last, First, Middle Initial) Michael J J Werdmann	1		Date of Receipt
	Mailing Address 240 Porters Hill Rd			06 29 2010
	City	State	Zip Code	Transaction ID: C947339
	Monroe FEC ID number of contributing federal political committee.	CT	06468-2236	Amount of Each Receipt this Period 125.00
	Name of Employer Bridgeport Hosp ED	Occupatio Emerger	n ncy Physician	7
	Receipt For: Primary General Other (specify)	, ' 	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		875.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 210 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Adrian Meade Meade Whorton Mailing Address 4533 W Laurel Dr NE City Seattle FEC ID number of contributing federal political committee. Name of Employer Evergreen Hosp ED	State WA C		Date of Receipt M M
Receipt For: Primary General Other (specify)	, ' 	ncy Physician e Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) Steven R R Wilner Mailing Address PO Box 5087			Date of Receipt O 6 O 3 2 0 1 0
City Frisco FEC ID number of contributing federal political committee.	State CO	Zip Code 80443-5087	Transaction ID: C931733 Amount of Each Receipt this Period 250.00
Name of Employer Vail Valley Emerg Phys Receipt For: Primary General Other (specify)	, ' 	nnncy Physician e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Daryl D D Wilson Mailing Address 801 S Washington St Edward Hosp			Date of Receipt O 6
City Naperville FEC ID number of contributing federal political committee.	State IL C	Zip Code 60540-7430	Transaction ID: C933060 Amount of Each Receipt this Period 250.00
Name of Employer Edward Hosp Receipt For:	, ' 	ncy Physician	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)			800.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 210 (check only one) X
A	ny information copied from such Reports and Star for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Daryl D D Wilson Mailing Address 801 S Washington St Edward Hosp City	State	Zip Code	Date of Receipt M
	Naperville FEC ID number of contributing federal political committee.	C	60540-7430	Amount of Each Receipt this Period 100.00
	Name of Employer Edward Hosp Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date ▼ 350.00	
3.	Full Name (Last, First, Middle Initial) Neil E E Winston Mailing Address 1476C S Prairie Ave Unit C			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago FEC ID number of contributing federal political committee.	State IL C	Zip Code 60605-3343	Transaction ID: C933053 Amount of Each Receipt this Period 250.00
	Name of Employer Dr. Neil E Winston Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Michael D D Witting Mailing Address 8391 Windtree Ct			Date of Receipt 0 6 0 3 2 0 1 0
	City Millersville	State MD	Zip Code 21108-1492	Transaction ID: C931736 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Univ of MD Emer Med Assoc	Occupation Emergen	n Icy Physician	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
[SUBTOTAL of Receipts This Page (optional)			600.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 210 (check only one) X
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Curtice Wong Mailing Address 2012 Highland Ave			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C904904
	Manhattan Beach FEC ID number of contributing federal political committee.	CA	90266-4562	Amount of Each Receipt this Period 500.00
	Name of Employer Torrance Emer Phys Receipt For: Primary General Other (specify)	,	n locy Physician Year-to-Date ▼]
3.	Full Name (Last, First, Middle Initial) Curtice Wong Mailing Address 2012 Highland Ave	1		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C906462
	Manhattan Beach	CA	90266-4562	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		-500.00
	Name of Employer Torrance Emer Phys	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 125.00]
_ :	Full Name (Last, First, Middle Initial) Curtice Wong	1		Date of Receipt
	Mailing Address 2012 Highland Ave			04 28 7 2010
	City	State	Zip Code	Transaction ID: C913277
	Manhattan Beach FEC ID number of contributing federal political committee.	CA	90266-4562	Amount of Each Receipt this Period 125.00
	Name of Employer Torrance Emer Phys	Occupation Emergen	n acy Physician	
	Receipt For: Primary General Other (specify)	, '	Year-to-Date ▼ 125.00	
	SUBTOTAL of Receipts This Page (optional)			125.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any perso g the name and address of any political committee to tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John D D Wood Mailing Address 2844 Latham Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sacramento	State Zip Code CA 95864-7109	Transaction ID: C913258 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Emerg Phys Med Gp Receipt For: Primary Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) John D D Wood Mailing Address 2844 Latham Dr		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sacramento FEC ID number of contributing federal political committee.	State Zip Code CA 95864-7109	Transaction ID: C947104 Amount of Each Receipt this Period 100.00
Name of Employer Emerg Phys Med Gp Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) Stephanie K K Wood Mailing Address 343 N Roscoe Blvo	1	Date of Receipt
City Ponte Vedra FEC ID number of contributing	State Zip Code FL 32082-2145	Transaction ID: C912378 Amount of Each Receipt this Period 1000.00
Name of Employer Orange Park Medical Center	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)	1350.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 210 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Daniel Woodard Mailing Address Bionetics Corp			Date of Receipt
	Mail Code BIÖ-1	Ctoto	7in Code	05 11 2010
	City Kennedy Sp Ctr	State FL	Zip Code 32899-0001	Transaction ID: C917646 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Bionetics Corp	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) James Patrick Woods	1		Date of Receipt
	Mailing Address 59668 S Sumner Rd			04 27 2010
	City	State	Zip Code	Transaction ID: C912352
	Coos Bay FEC ID number of contributing federal political committee.	OR	97420-8415	Amount of Each Receipt this Period 250.00
	Name of Employer Bay Area Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Clark Dayton Dayton York			Date of Receipt
	Mailing Address 7055 N 23rd Way			0 6 3 0 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C947724
	Phoenix FEC ID number of contributing federal political committee.	C	85020-5619	Amount of Each Receipt this Period 250.00
	Name of Employer John C Lincoln Hosp Deer Vly	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	, ' 	e Year-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any person the name and address of any political committee to s ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Yosten Mailing Address 2815 Pinnacle Dr City Norfolk	State Zip Code NE 68701-6503	Date of Receipt 0 4 2 6 2 0 1 0 Transaction ID: C912366 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Faith Regl Hith Svcs Receipt For: Primary Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 450.00	100.00
Full Name (Last, First, Middle Initial) Jeffrey Yosten Mailing Address 2815 Pinnacle Dr City Norfolk FEC ID number of contributing federal political committee.	State Zip Code NE 68701-6503	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Faith Regl Hith Svcs Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 450.00	
Full Name (Last, First, Middle Initial) Jeffrey Yosten Mailing Address 2815 Pinnacle Dr City Norfolk FEC ID number of contributing	State Zip Code NE 68701-6503	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Faith Regl Hith Svcs Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	450.00	450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	nd Statements may not be sold or used by any persor the name and address of any political committee to st tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lisa Dyan Dyan Yosten Mailing Address 2815 Pinnacle Dr City Norfolk FEC ID number of contributing federal political committee. Name of Employer Faith Regl Hith Svcs Receipt For: Primary General	State Zip Code NE 68701-6503 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M Z 6 Z 0 1 0 Transaction ID: C912365 Amount of Each Receipt this Period
Other (specify) ▼ Full Name (Last, First, Middle Initial) Lisa Dyan Dyan Yosten Mailing Address 2815 Pinnacle Dr	450.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Norfolk FEC ID number of contributing federal political committee. Name of Employer Faith Regl Hith Svcs	State Zip Code NE 68701-6503 C Occupation Emergency Physician	Transaction ID: C917653 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Lisa Dyan Dyan Yosten Mailing Address 2815 Pinnacle Dr City Norfolk FEC ID number of contributing	State Zip Code NE 68701-6503	Date of Receipt M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer Faith Regl Hith Svcs	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (option:	al)	450.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 / 210 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik Mailing Address 737 E Bethel School I City Coppell FEC ID number of contributing federal political committee. Name of Employer Dr. Shane Edward Zatkalik Receipt For: Primary General	State TX C Occupation Emergen	Zip Code 75019-4188 n cy Physician Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 6 2 3 2 0 1 0 Transaction ID: C941566 Amount of Each Receipt this Period 100.00
Other (specify) Full Name (Last, First, Middle Initial) Andrew R R Zinkel Mailing Address 5215 Beard Ave S Apt 2 City	State	350.03 Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Minneapolis FEC ID number of contributing federal political committee. Name of Employer Health Partners	MN C Occupation	55410-2117	Transaction ID: C913281 Amount of Each Receipt this Period 83.33
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	Year-to-Date ▼ 499.98	
Andrew R R Zinkel Mailing Address 5215 Beard Ave S Apt 2 City Minneapolis	State MN	Zip Code 55410-2117	Date of Receipt M M
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Health Partners Receipt For: Primary General Other (specify) ▼	- '	n cy Physician Year-to-Date ▼ 499.98	
SUBTOTAL of Receipts This Page (optional) .	1		266.66

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 171 / 210
· ·		Use separate schedule(s) for each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Andrew R R Zinkel			Date of Receipt
Mailing Address 5215 Beard Ave S Apt 2			06 29 2010
City	State	Zip Code	Transaction ID: C947690
Minneapolis	MN	55410-2117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Health Partners	Occupation	n	
Health Partners	Emergen	cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		499.98	1

SUBTOTAL of Receipts This Page (optional)	•	83.33
TOTAL This Period (last page this line number only)	<u> </u>	208586.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 210 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 1
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 Connecticut Ave City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code DC 20036-5308 C Occupation Aggregate Year-to-Date ▼ 455.65	Date of Receipt M M M / D D / Y Y Y Y Y O 4 3 0 2 0 1 0 Transaction ID: C952728 Amount of Each Receipt this Period 4.42
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 Connecticut Ave City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State Zip Code DC 20036-5308 C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M M D 3 1 2 0 1 0 Transaction ID: C952729 Amount of Each Receipt this Period 8.00
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 Connecticut Ave City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State Zip Code DC 20036-5308 C Occupation Aggregate Year-to-Date 455.65	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		373.69

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LIN	IE NUMBER	R:		PA	AGE	173	/ 210
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	X 2	3 8b	24 28c		25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the na									S
NAME OF COMMITTEE (In Full)									
National Emergency Medicine Political A	ction Committee								
Full Name (Last, First, Middle Initial) Adler For Congress			Transa Date o		ourse		21		
Mailing Address PO Box 1024			0 ^M 4	М /	^D 2	8 /	Ž	0 Ť (D Y
City Mount Laurel	State Zip Code NJ 08054		Amour	nt of E	ach	Disburse	emen	t this	Period
Purpose of Disbursement Contributions for Federal Candidates		011	T L.				25	00.00)
Candidate Name Mr. John Adler		Category/							
Senate President	sement For: 2010 Primary X General Other (specify)								
State: NJ District: 03									
Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress			Date o	f Disk	ourse		50		
Mailing Address P.O. Box 2232			0 ^M 6	И /	^D 3	0 /	Ž	0 1 (D Y
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AMERICA'S LEADERSHIP PAC			Date o	f Disk	ourse				
Mailing Address 426 C St NE			0 ^M 5	M /	^D 1	^D / C	2	010	י ט
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City Cincinnati	State Zip Code OH 45211				Amou	ınt of	Each	Disbur	semer	t this F	eriod
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PAC) Mailing Address	5915 Eastman Ave	enue Suite 100				05 4	^D 2 6	y y	0 1 0 °	
City Midland		State MI	Zip Code 48640			Amount of	Each Disbu	ırsement	this Pe	rio
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	y Information copied from such Reports an or commercial purposes, other than using				
\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Commit	itee		
<i></i>	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln				Transaction ID: D94923 Date of Disbursement
	Mailing Address PO Box 3197				$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
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	Sen. Blanche Lambert Lincoln	Disbursement For:	2010	Type	
	X Senate President	Primary X Other (speci	General ify) ▼		
	State: AR District: 00 Full Name (Last, First, Middle Initial) Friends of Dan Maffei	Tullon			Transaction ID: D94926 Date of Disbursement
	Mailing Address PO Box 74				$\begin{bmatrix}\begin{smallmatrix}M & 5 & M \\ 0 & 5 & M \end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}D & 2 & 6 \\ 2 & 6 \end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}Y & Y & 2 & 0 & 1 & 0 \\ 2 & 0 & 1 & 0 \end{smallmatrix}$
	City Syracuse	State NY	Zip Code 13214		Amount of Each Disbursement this Period
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	State: District: Full Name (Last, First, Middle Initial) Friends of Dan Maffei		Zip Code 13214		Date of Disbursement M 6 M / D 2 3 / Y 2 0 1 0 Y Amount of Each Disbursement this Period
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\rangle	NAME OF COMMIT	TEE (In Full)	<u> </u>										
V	Full Name (Last, First, Middle Initial) Friends of Joe Heck							Transaction ID: D95651 Date of Disbursement					
	Mailing Address P.O. Box 750114						0 6 M			3 0 /	^Y ^Y 20	10	
	City Las Vegas		St N	ate V	Zip Code 89136			Amou	unt of Eac	h Disburs		-	
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	Friends Of Joe Pitts							Date	of Disburs	sement		v	
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\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ac	tion Committee			
	Full Name (Last, First, Middle Initial) Gillibrand for Senate				Transaction ID: D95009 Date of Disbursement
	Mailing Address 3422 Porter Street, NW				$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{bmatrix} D & D & D \\ 0 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
	City Washington	State Zip Co DC 2001			Amount of Each Disbursement this Period
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	Office Sought: House Disburs X Senate President State: NY District: 00		010 General	Туре	
	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc				Transaction ID: D95458 Date of Disbursement
	Mailing Address 175 South West Temple	Suite 650			06 06 7 23 7 2010
	City Salt Lake City	State Zip Co UT 8410			Amount of Each Disbursement this Period
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	Sen. Orrin G. Hatch			Туре	
	· — —		012 General		
	Full Name (Last, First, Middle Initial) Hoyer For Congress				Transaction ID: D95146 Date of Disbursement
	Mailing Address 4201 Northview Dr, Ste	307			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Bowie	307 State Zip Co MD 2071			Amount of Each Disbursement this Period
	City Bowie Purpose of Disbursement Contributions for Federal Candidates	State Zip Co	6	011	
	City Bowie Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Steny H. Hoyer	State Zip Cc MD 2071	6	011 Category/ Type	Amount of Each Disbursement this Period
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or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Political Ac	tion Committee		
Full Name (Last, First, Middle Initial) Hultgren for Congress			Transaction ID: D95145 Date of Disbursement
Mailing Address 1118 East Main Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix} $
City Saint Charles	State Zip Code IL 60174		Amount of Each Disbursement this Period
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Contributions for Federal Candidates		011	
Candidate Name		Category/ Type	
Office Sought: House Disburs: Senate President	ement For: 2010 Primary X General Other (specify)		
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Full Name (Last, First, Middle Initial) IDEAS PAC			Transaction ID: D93865 Date of Disbursement
Mailing Address 38 Ivy Street, SE			$\begin{bmatrix} M & M \\ O & 4 \end{bmatrix} \ \ \ \begin{bmatrix} D & D & D \\ 1 & 4 \end{bmatrix} \ \ \ \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & O & 1 & O \end{bmatrix}$
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
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Senate	ement For: 2010 Primary General Other (specify)		
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Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee			Transaction ID: D94942 Date of Disbursement
Mailing Address PO Box 75214			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & C \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} $
City Washington	State Zip Code DC 20013		Amount of Each Disbursement this Period
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	ement For: 2010 Primary General Other (specify)		
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Full Name (Last, First, Middle Initial) Langevin For Congress			Transaction ID: D93862 Date of Disbursement
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City Warwick	State Zip Code RI 02886		Amount of Each Disbursement this Perio
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Mr. James Langevin Office Sought: X House Dis	oursement For: 2010	Type	
Senate President State: RI District: 02	Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) LEGPAC			Transaction ID: D93872 Date of Disbursement
Mailing Address 38 Ivy Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & 0 \\ 1 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for Federal PACs/Committees		011	5000.00
Candidate Name Sen. Benjamin Cardin		Category/ Type	
Office Sought: House X Senate President State: MD District: 00	oursement For: 2010 Primary General X Other (specify)	,,	
Full Name (Last, First, Middle Initial) LONE STAR LEADERSHIP PAC			Transaction ID: D95304 Date of Disbursement
Mailing Address 104 Hume Ave			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y$
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	Mailing Address PO Box 2485					0 ^M 6	M /	1	6 /	Y	ž o ž () \
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	Mailing Address 2118 CENTRAL AVEN	JE SE #71					M /		8 8	Y	žožo) Y
	City ALBUQUERQUE	State Zip Code NM 87106				Amou	ınt of	Each	Disbu		nt this I	
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	Mailing Address 7964 W Fairview Avenu	le				0 ^M 5	М /	^D 1	^D 2	Y	ž 0 ž () \
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	Full Name (Last, First, Middle Initial) SCHIFF FOR CONGRESS				Transaction ID: D95648 Date of Disbursement
	Mailing Address 15 S Raymond Av Ste 204	/e			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & O \\ D & O \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Q & O & I & O \end{smallmatrix} \end{bmatrix} $
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	Rep. Adam B. Schiff			Category/ Type	
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	Mailing Address P.O. Box 14131				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & T & O \end{smallmatrix} \end{bmatrix} $
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	NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ad			
<u>/</u>	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010			Transaction ID: D93864 Date of Disbursement
	Mailing Address 2501 Wisconsin Ave., N Number 304	W		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Washington	State Zip Code DC 20007		Amount of Each Disbursement this Period
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	Mailing Address P. O. Box 53322			
	City Bellevue	State Zip Code WA 98015		Amount of Each Disbursement this Period
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	State: WA District: 08 Full Name (Last, First, Middle Initial) DAVID SCOTT FOR CONGRESS				Transaction ID: D95153 Date of Disbursement
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		First, Middle Initial) ERIK PAULSEN							ion ID: D9 Disbursement		
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	City Eden Prairie		Sta Mľ		Zip Code 55344			Amount o	of Each Disbu		
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\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Po	litical Action Comm	nittee		
,	Full Name (Last, First, Middle Initial) GERRY CONNOLLY FOR CONG	RESS			Transaction ID: D94120 Date of Disbursement
	Mailing Address 729 15th Street Ste 300	, NW			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
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	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE				Transaction ID: D94113 Date of Disbursement
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	Candidate Name Rep. Glenn C. Nye			Category/ Type	
	Office Sought: X House Senate President	Disbursement For: Primary Other (spe	2010 X General ecify) ▼		
	State: VA District: 02				
	Full Name (Last, First, Middle Initial) JACKIE SPEIER FOR CONGRES	L 3S			Transaction ID: D94947 Date of Disbursement
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\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Comm	nittee		
	Full Name (Last, First, Middle Initial) JESSE JACKSON JR. FOR CONGF	RESS			Transaction ID: D94454 Date of Disbursement
	Mailing Address P.O. Box 490286				05 12 2010
	City Chicago	State IL	Zip Code 60649		Amount of Each Disbursement this Period
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	Mailing Address P.O. Box 730					0 ^M 6	M / D	23	ž	0 1 0	Y
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	Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS IN	 C.			Transaction ID: D94123 Date of Disbursement
	Mailing Address P.O. BOX 402	33			04
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	Candidate Name Rep. Mark E. Souder Office Sought: X House Senate President State: IN District: 03 Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR C Mailing Address PO Box 68218	Other (sp.	General Decify) ▼		Date of Disbursement O 6 1 0 7 2 0 1 0
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PHILADELPHIA Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Robert A. Brady Office Sought:			arate schedule(s)	-	NUMBER: PAGE 200 / 210
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) BOB BRADY FOR CONGRESS Mailing Address 2000 Market Street Suite 500 City State Zip Code PA 19103 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Robert E. Andrew Robert E. Andrew Rep. Robert E. Andrew Robert E. Andrew Robert E. Andrew Rep. Robert E. Andrew Robert E. Andrew Robert E. Andrew Robert E. Andrew Rep. Robert E. Andrew	FEMIZED DISBURSEMENTS			21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) BOB BRADY FOR CONGRESS Mailing Address 2000 Market Street Suite 500 City State Zip Code PA 19103 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Robert A. Brady Office Sought: X House President Number of Politary Rep. Robert E. Andrews Office Sought: X House President Number of Politary Rep. Robert A. District: 01 Full Name (Last, First, Middle Initial) RODNEY ALEXANDER FOR CONGRESS INC. Mailing Address 104 Hume Ave City State X Primary General Other (specify) ▼ Transaction ID: D94452 Date of Disbursement this Perio Amount of Each Disbursement this Perio Amount of Each Disbursement Disbursement For: 2010 Transaction ID: D94927 Date of Disbursement Category' Type Transaction ID: D94927 Date of Disbursement D11 Category' Type Amount of Each Disbursement D15 V Z 0 1 0 1 Transaction ID: D94927 Date of Disbursement D15 V Z 0 1 0 1 Transaction ID: D94927 Date of Disbursement D15 V Z 0 1 0 1 Transaction ID: D94927 Date of Disbursement D15 V Z 0 1 0 1 Transaction ID: D94927 Date of Disbursement this Perio Transaction ID: D94560 Date of Disbursement D2500.00 Transaction ID: D95460 Date of Disbursement D2500.00 Transaction ID: D95460 Date of Disbursement this Perio D26 V Z 2 0 1 0 1 Transaction ID: D95460 Date of Disbursement this Perio D27 V Z 0 1 0 1 Transaction ID: D95460 Date of Disbursement this Perio D28 V Z 0 1 0 0 Amount of Each Disbursement this Perio D29 V Z 0 1 0 0 Transaction ID: D95460 Date of Disbursement D27 V Z 0 1 0 0 D37 V					
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Mailing Address	555 Capitol Mall Suite 1	425				0 4	/ D	14	Y	0 1 0	Y
City Sacramento		State CA	Zip Code 95814		A	moun	t of Eac	h Disbu			_
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Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS		Transaction ID: D94441 Date of Disbursement
Mailing Address 2345 Grand, Suite 2	400	05 12 7 2010
City Kansas City	State Zip Code MO 64108	Amount of Each Disbursement this Period
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Rep. Sam B. Graves, Jr.	Type Dursement For: 2010	
Senate President State: MO District: 06	Primary X General Other (specify) ▼	
Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS		Transaction ID: D94447 Date of Disbursement
Mailing Address PO Box 37		05 12 2 010
City Roseville	State Zip Code MI 48066	Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011	2500.00
Rep. Sander M. Levin	Category/ Type	
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Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS		Transaction ID: D95152 Date of Disbursement
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	Mailing Address P	O. Box 37091					O		14	/ Y	ž 0 1	0 ^Y
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	Full Name (Last, First, TIM RYAN FOR CO						I		on ID: [7	
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Full Name (Last, First, Middle Initial) Republican Majority Fund Mailing Address PO Box 144			Transaction ID: D94118 Date of Disbursement O4
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Mailing Address 507 Capitol Ct NE Ste 100			05 M / D12 / Y 2010 Y
City Washington	State Zip Code DC 20002-7705		Amount of Each Disbursement this Perio
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Candidate Name		Category/ Type	
Senate President	rsement For: 2010 Primary General X Other (specify) ▼ Fundraising Co	.,,,,,	
Full Name (Last, First, Middle Initial) Robin Smith for Tennessee	<u> </u>		Transaction ID: D95159 Date of Disbursement
Mailing Address PO Box 23805			06 06 7 010 7 2010
City Chattanooga	State Zip Code TN 37422		Amount of Each Disbursement this Perio
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Full Name (Last, First, Middle Initial) Rogers For Congress Mailing Address PO Box 581 Post Office Box 581 City Brighton Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Michael J. Rogers	State MI	Zip Code 48116	Ca	at	11 egory/ ype		0 ^M 6	of Di	isburse		rsen	ž nent	0 1 (this	Perio	od
Office Sought: X House Disburse Senate President State: MI District: 08	ement For: Primary Other (spe	2010 X General cify) ▼													
Full Name (Last, First, Middle Initial) Ryan For Congress Mailing Address P. O. Box 1919									isburs	_	1456		0 1 () ^Y	
City Janesville	State WI	Zip Code 53547					Amou	nt o	f Each	Disbu		-	this 0	_	od
Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Paul Ryan			Ca	ate	11 egory/ ype			•	0			130	0.00	,	
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Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE COMMITTEE								of Di	isburs	ement	1109		· V ·	V	
Mailing Address P O B 13147							0 ^M 4	M	້ 2	. 8 ^D	Y	Ž	0 ť ()	
City BALTIMORE	State MD	Zip Code 21203					Amou	nt o	f Each	Disbu	rsen	nent	this	Perio	od
Purpose of Disbursement Contributions for Federal Candidates				0	11				_			250	00.00)	
Candidate Name Sen. Barbara A. Mikulski					egory/ ype										
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee		
Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE			Transaction ID: D95459 Date of Disbursement
Mailing Address PO BOX 8175			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Q & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Y \\ D & D & I \end{smallmatrix} \end{bmatrix} \ Y$
City METAIRIE	State Zip Code LA 70011		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011	1500.00
Candidate Name Sen. David Vitter Office Sought: House Disb	ursement For: 2010	Category/ Type	
X Senate President	X Primary General Other (specify)		
State: LA District: 00 Full Name (Last, First, Middle Initial) MARK PRYOR FOR US SENATE			Transaction ID: D95457 Date of Disbursement
Mailing Address PO BOX 2720			06
City LITTLE ROCK	State Zip Code AR 72203		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for Federal Candidates		011	1000.00
Candidate Name Sen. Mark L. Pryor		Category/ Type	
X Senate President	ursement For: 2014 X Primary General Other (specify) ▼		
State: AR District: 00 Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '	08		Transaction ID: D95010 Date of Disbursement
Mailing Address PO BOX 1496			$\begin{bmatrix}\begin{smallmatrix}M\\06\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\02\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}\begin{smallmatrix}Y\\2010\end{smallmatrix}\end{bmatrix}^Y$
City LOUISVILLE	State Zip Code KY 40201		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for Federal Candidates		011	2500.00
Candidate Name Sen. Mitch McConnell		Category/ Type	
X Senate President	ursement For: 2014 X Primary General Other (specify) ▼		
State: KY District: 00			
SUBTOTAL of Disbursements This Page (option	al)		5000.00

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IT	EMIZED DISBURSE	MENTS	for each	category of the Summary Page	(check or 21b 27	nly one) 22 X 23 24 25 28a 28b 28c 29 1						
					by any person	of for the purpose of soliciting contributions solicit contributions from such committee						
$\left\langle \right\rangle$	NAME OF COMMITTEE (In F National Emergency Medi	ull)										
<u>′</u>	Full Name (Last, First, Middle I Stivers For Congress	nitial)				Transaction ID: D94119 Date of Disbursement						
	Mailing Address 217 3rd	St SE				04 M / D28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
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	Mr. Steve Stivers Office Sought: X House	Disburs	ement For:	2010	Type	_						
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	State: OH District: 15 Full Name (Last, First, Middle I					Transaction ID: D95149						
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	Candidate Name Mr. Steve Stivers	liuales			011 Category/ Type							
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	State: OH District: 15 Full Name (Last, First, Middle I Team Emerson For Jo An	nitial)				Transaction ID: D94114 Date of Disbursement						
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	P.O. Box City Cape Girardeau	(822	State MO	Zip Code 63702		Amount of Each Disbursement this Per						
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	Contributions for Federal Cand Candidate Name Rep. Jo Ann Emerson				Category/ Type	_						
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		3 (FEC Form	3A)	Use sep	arate schedule(s)		FOR LIN					PAGE	208 / 2	210
ΙT	EMIZED DIS	SBURSEMEN	TS		category of the Summary Page		(check of 21b) 27	2	´ —	23 28b	24	Н	25 29	\exists
		ed from such Reports												
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	Full Name (Last, Thoroughbred	First, Middle Initial) PAC								tion ID:	D954	464		
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	City Washington			state DC	Zip Code 20005			A	mount	of Each	Disburs			erio
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	City Columbus			state OH	Zip Code 43229			A	mount	of Each	Disburs			erio
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	Candidate Name Rep. Patrick J.	Tiberi					tegory/ ype							
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		First, Middle Initial)						1		t ion ID: Disburse	D956	643		
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	City Pttsburgh			state PA	Zip Code 15234			A	mount	of Each	Disburs			erio
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	Candidate Name Rep. Tim F. M					ı	tegory/ ype							
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Transaction Disbursement Disb	SCH	1EDULE E	3 (FEC Form	3X)	Use sepa	arate schedule(s)		_		NUMBE	R:		PAGE	209 /	210
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Vine PAC Mailing Address 236 Massachusetts Ave NE Ste 603 City Washington Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Volunteers For Shimkus Mailing Address PO Box 5458 City Springfield Candidate Name Candidate Name Rep. John M. Shimkus Office Sought: X House Disbursement For: 2010 Purpose of Disbursement District: Full Name (Last, First, Middle Initial) Volunteers For Shimkus Mailing Address PO Box 5458 City Springfield IL 62705 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. John M. Shimkus Office Sought: X House Disbursement For: 2010 Primary X General Category/ Type Office Sought: X House Disbursement For: 2010 Primary X General Category/ Type Full Name (Last, First, Middle Initial) Wyoming Values PAC Mailing Address PO Box 1665 City Along Target And T	ITEN	MIZED DIS	SBURSEMEN	ITS	for each	category of the '		<u>`</u> 2	1b [22				25 29	П
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Contributions for Federal Candidates Candidate Name Rep. John M. Shimkus Office Sought:	Sp	pringfield								Amou	int of Ea	ach Disb			erio
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s) FOR LINE (check only	NUMBER: PAGE 210 / 210
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
Any Information copied from such Reports and Stator for commercial purposes, other than using the natural NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ame and address of any politica		
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Full Name (Last, First, Middle Initial) CHASE BANK Mailing Address 545 E John Carpenter	Eve		Transaction ID: D96258 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 545 E John Carpenter	гwy		9, 90
City Irving	State Zip Code TX 75062-8114		Amount of Each Disbursement this Perio
Purpose of Disbursement Bank Fees April 10 Candidate Name		Category/	000.09
Office Sought: House Senate President State: Disbut	rsement For: Primary General Other (specify)	Type	
Full Name (Last, First, Middle Initial) CHASE BANK			Transaction ID: D96259 Date of Disbursement
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Full Name (Last, First, Middle Initial) CHASE BANK			Transaction ID: D96261 Date of Disbursement
Mailing Address 545 E John Carpenter	Fwy		06
City Irving	State Zip Code TX 75062-8114		Amount of Each Disbursement this Period
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Candidate Name		Category/ Type	
Senate President	rsement For: Primary General Other (specify) ▼		
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SUBTOTAL of Disbursements This Page (optional	al)		3085.13
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