04/11/2008 09:42

Image# 28990785501

### 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 Х Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) 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) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2008 03 3 1 2008 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. Dean Wilkerson, MBA,JD Type or Print Name of Treasurer Electronically Filed by Dean Wilkerson, MBA,JD 04 11 2008 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 DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name National Emergency Medicine Political Action Committee <sup>®</sup> D " D 0 1 0 1 2008 0.3 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 634937.01 January 1 (b) Cash on Hand at 634937.01 Begining of Reporting Period ..... 142352.55 142352.55 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 777289.56 777289.56 6(a) and 6(c) for Column B) ..... 176715.16 176715.16 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 600574.40 600574.40 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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) Page 3

2008

3<sup>D</sup>1

2008

0.00

М М

To:

0 1

м N 0 1

Write or Type Committee Name

Report Covering the Period:

14. Loan Repayments Received ......15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)

16. Refunds of Contributions Made

(Carry Totals to Line 37, page 5) .....

National Emergency Medicine Political Action Committee

From:

**COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 53498.63 53498.63 (i) Itemized (use Schedule A) .......... 84979.26 84979.26 (ii) Unitemized ..... (iii) TOTAL (add 138477.89 138477.89 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 138477.89 138477.89 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00

to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3874.66	3874.66

0.00

1

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 169500.00 169500.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 150.00 150.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 150.00 150.00 (add Lines 28(a), (b), and (c)) ......... 7065.16 7065.16 29. Other Disbursements..... 30. 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 ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 176715.16 176715.16 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 176715.16 176715.16 from Line 31).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	138477.89	138477.89
34.	Total Contribution Refunds (from Line 28(d))	150.00	150.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	138327.89	138327.89
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

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 80 (check only one)    X   11a
A	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	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) Dr. Richard F Beamon Mailing Address Overland Park Regl M	ed Ctr		Date of Receipt
	10500 Quivira Rd City	State	Zip Code	01 04 2008
	Overland Park	KS	66215-2306	Transaction ID: 23004461  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Overland Park Regl Med Ctr	Occupatio Emerger	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	]
	Full Name (Last, First, Middle Initial) Dr. Andrew Michael Bazakis Mailing Address			Date of Receipt
	8366 Nuthatch Dr			01 04 2008
	City	State	Zip Code	Transaction ID: 23004464
	Freeland	MI	48623-8688	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Covenant Hithcre Emer Phys Grp	,	ncy Physician	
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	]
. –	Full Name (Last, First, Middle Initial) Dr. Todd Herbert Chaffin			Date of Receipt
	Mailing Address 4316 Pinecrest Rd			01 04 2008
	City	State	Zip Code	Transaction ID: 23004465
	Rockford	IL	61107-1405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Rockford Mem Hosp	<del>, '                                     </del>	ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
5	SUBTOTAL of Receipts This Page (optional)			1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 80 (check only one)    X   11a
or 1	y information copied from such Reports and Si or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma 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 o solicit contributions from such committee.
	National Emergency Medicine Political	Action Con	nmittee	
	Full Name (Last, First, Middle Initial) Dr. Eugene H Kastenson			Date of Receipt
	Mailing Address 3168 Lake Forest Park	Rd		01 04 2008
	City Sturgeon Bay	State WI	Zip Code 54235-9147	Transaction ID: 23043010  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	04200 0147	500.00
	Name of Employer Infinity Healthcare	Occupatio Emerger	n ncy Physician	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	IN20080104
	Full Name (Last, First, Middle Initial) Dr. Stanford C Lee			Date of Receipt
	Mailing Address 11565 E Desert Holly D	)r		0 1 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23043567
	Scottsdale FEC ID number of contributing federal political committee.	C	85255-8207	Amount of Each Receipt this Period 500.00
	Name of Employer Burbank Emerg Med Grp	Occupatio		
	Receipt For:	<u> </u>	ncy Physician e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	500.00	IN20080104
	Full Name (Last, First, Middle Initial) Dr. Kathryn K Macdonald			Date of Receipt
	Mailing Address 408 Twin Creek 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: 23043568
	Saint Louis	MO	63141-8623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Kathryn K Macdonald, MD, FACEP		ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	IN20080104
SI	JBTOTAL of Receipts This Page (optional)			1500.00

ľ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 80 (check only one)    X   11a
\ \ \	any information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	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	
۷.	Full Name (Last, First, Middle Initial) Dr. Karen Agape Quaday			Date of Receipt
	Mailing Address 12 Peninsula Rd			0 1 0 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 23043569
	Dellwood	MN	55110-1504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Regions Hosp ED	,	ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	IN20080104
 3.	Full Name (Last, First, Middle Initial) Dr. Robert A Di Lorenzo			Date of Receipt
	Mailing Address 4734 Cypress Ford Dr			01 07 2008
	City Fuguay Varina	State NC	Zip Code 27526-9081	Transaction ID: 23043641  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	27320 3001	250.00
	Name of Employer Raleigh Emer Med Assoc Inc	<del>, '                                     </del>	ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	IN20080107
	Full Name (Last, First, Middle Initial) Dr. Mark W Brautigan Mailing Address			Date of Receipt
	4800 Cuthbert Rd	Ctata	7:- Ondo	01 07 2008
	City White Lake	State MI	Zip Code 48386-1302	Transaction ID: 23078672  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Med Ctr Emer Svcs	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	0800712
	SUBTOTAL of Receipts This Page (optional) .			900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 80 (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 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) Dr. Charles Niziol			Date of Receipt
Mailing Address  2815 Kings Forest Dr			0 1 0 7 2 0 0 8
City	State	Zip Code	Transaction ID: 23078714
Kingwood	TX	77339-2450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer Laredo Med Ctr	Occupatio Emerger	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	0800712
Full Name (Last, First, Middle Initial) Dr. Deborah S Davis			Date of Receipt
Mailing Address  342 Fords Landing Ln			01 07 7 2008
City Millington	State MD	Zip Code	Transaction ID: 23078757
FEC ID number of contributing federal political committee.	C	21651-1618	Amount of Each Receipt this Period  250.00
Name of Employer Chester River Med Ctr	Occupatio Emergen	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	0800713
Full Name (Last, First, Middle Initial) Dr. Orzie Henderson, Jr			Date of Receipt
Mailing Address 9610 York Woods Dr			01 07 2008
City	State	Zip Code	Transaction ID: 23078759
Saline	MI	48176-9032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mercy Memorial Hosp	<del>, '                                     </del>	ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	0800713
SUBTOTAL of Receipts This Page (optional)			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 10 / 80 (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	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) Dr. Alasdair K Conn Mailing Address 87 Harbor Ave City Marblehead FEC ID number of contributing	State Zip Code MA 01945-3846	Date of Receipt  M M O D D O D O D O D O D O D O D O D O
rederal political committee.  Name of Employer MA Gen Hosp ED Chief  Receipt For:  Primary  General  Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date   500.00	0800807
Full Name (Last, First, Middle Initial) Dr. Elaine M Haule  Mailing Address  3 Aldgate Way  City  Greer  FEC ID number of contributing	State Zip Code SC 29650-5320	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)   General	Occupation Emergency Physician Aggregate Year-to-Date   500.00	IN20080109
Full Name (Last, First, Middle Initial) Dr. Todd Curtis Rothenhaus Mailing Address 422 Huron Ave City Cambridge	State Zip Code MA 02138-2126	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer Boston Univ Med Ctr  Receipt For:  Primary General  Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼	250.00 IN20080109
SUBTOTAL of Receipts This Page (optional) .	0 0 0 0 0 0 0 0	1250.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 80 (check only one)    X   11a
or fo	rinformation copied from such Reports and Sor 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 solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr. Scott A Coradi			Date of Receipt
-	Mailing Address 4504 Planters Row			01 11 2008
	City Murralla Inlat	State SC	Zip Code	Transaction ID: 23091892
Ī	Murrells Inlet FEC ID number of contributing rederal political committee.	C	29576-6812	Amount of Each Receipt this Period  250.00
_	Name of Employer Scott A Coradi, DO  Receipt For: Primary General Other (specify)	,	on ncy Physician e Year-to-Date ▼ 250.00	IN20080111
	Full Name (Last, First, Middle Initial) Dr. Glenn E Aldinger Mailing Address			Date of Receipt
-	1734 N Wells St City	State	Zip Code	01 22 2008
	Chicago	IL	60614-6050	Transaction ID: 23227621  Amount of Each Receipt this Period
Ī	FEC ID number of contributing dederal political committee.	C		500.00
Ī	Name of Employer Infinity HealthCare Inc	Occupation Emerger	n ncy Physician	
Ī	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	IN20080122
	Full Name (Last, First, Middle Initial) Dr. Hans Roberts House	1		Date of Receipt
-	Mailing Address 415 Kimball Rd			01 14 2008
	City	State	Zip Code	Transaction ID: 23249211
Ī	lowa City FEC ID number of contributing federal political committee.	C	52245-5828	Amount of Each Receipt this Period  1000.00
	Name of Employer Univ of Iowa Hosp & Clini- cs	Occupation Emerger	ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	0801406
su	BTOTAL of Receipts This Page (optional)		<b>.</b>	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 12 / 80 (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	e name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ronald G Thomas Mailing Address			Date of Receipt  0 1 2 2 2 0 0 8
1310 Alexander Dr City	State	Zip Code	
Guilford	CT	06437-5031	Transaction ID: 23264409  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Hosp of Saint Raphael  Receipt For:  Primary General  Other (specify) ▼	, I — ~	nn ncy Physician e Year-to-Date ▼ 500.00	0802211
Full Name (Last, First, Middle Initial) Dr. William Basil Felegi Mailing Address			Date of Receipt
731 Red Lion Way	01-1-	7'- 0-1-	01 21 2008
City <u>Bridgewater</u>	State NJ	Zip Code 08807-1668	Transaction ID: 23264443
FEC ID number of contributing federal political committee.	C	00007-1000	Amount of Each Receipt this Period  1000.00
Name of Employer Morristown Mem Hosp ED	Occupatio Emergen	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	0802165
Full Name (Last, First, Middle Initial) Dr. Joseph LaMantia			Date of Receipt
Mailing Address3 Faraway Rd			01 24 2008
City <u>Armonk</u>	State NY	Zip Code	Transaction ID: 23281852
FEC ID number of contributing federal political committee.	C	10504-1215	Amount of Each Receipt this Period 500.00
Name of Employer North Shore Univ Hosp	Occupatio	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	<del>-  </del>	e Year-to-Date ▼ 500.00	0802408
SUBTOTAL of Receipts This Page (optional) .	1		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 13 / 80   (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	d Statements 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.
NAME OF COMMITTEE (In Full)  National Emergency Medicine Politic	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. Richard E Gradisek			Date of Receipt
Mailing Address 730 Stonecliff Dr			01 31 2008
City	State OH	Zip Code	Transaction ID: 23388743
Akron  FEC ID number of contributing federal political committee.	C	44313-5903	Amount of Each Receipt this Period  500.00
Name of Employer Akron Gen Med Center ED	Occupation Emergen	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	IM20080131
Full Name (Last, First, Middle Initial) Dr. Douglas C Prince			Date of Receipt
Mailing Address 7819 Montreal Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State OH	Zip Code 45241-1375	Transaction ID: 23389095  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	TOZT 1070	1000.00
Name of Employer Childrens Emer Svcs	Occupation Emergen	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	IM20080131
Full Name (Last, First, Middle Initial) Dr. John Agee			Date of Receipt
Mailing Address 2507 Shannon Dr			01 30 YYYYY
City Valparaiso	State IN	Zip Code 46383-2447	Transaction ID: 23391769  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000 2447	250.00
Name of Employer Unity Phys Grp	Occupation Emergen	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	IN20080130
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 14 / 80   (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	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Emergency Medicine Politic	al Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. Ashley E Booth			Date of Receipt
Mailing Address 3915 Riverside Ave			01 30 2008
City Jacksonville	State FL	Zip Code 32205-9336	Transaction ID: 23392116
FEC ID number of contributing federal political committee.	C	32203-9330	Amount of Each Receipt this Period  250.00
Name of Employer Shands Jacksonville Educ	Occupatio Emerger	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	IN20080130
Full Name (Last, First, Middle Initial) Dr. L Anthony Cirillo			Date of Receipt
Mailing Address 91 Woodridge Dr			01 30 Y Y Y Y Y
City Saunderstown	State RI	Zip Code 02874-1943	Transaction ID: 23392238
FEC ID number of contributing federal political committee.	C	02074-1945	Amount of Each Receipt this Period  250.00
Name of Employer Rhode Island Dept of Hith	Occupatio Emerger	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	IN20080130
Full Name (Last, First, Middle Initial) Dr. George W Molzen			Date of Receipt
Mailing Address 7500 Calhoun NE			0 1 3 0 2 0 0 8
City Albuquerque	State NM	Zip Code 87109-6464	Transaction ID: 23394786
FEC ID number of contributing federal political committee.	C	87103-0404	Amount of Each Receipt this Period  250.00
Name of Employer Albuquerque Emerg Med Ass- oc	_ · · _ · _ ·	ncy Physician	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	IN20080130
SUBTOTAL of Receipts This Page (optional)	1		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 80 (check only one)    X
,	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) Dr. Ernest Page, II			Date of Receipt
	Mailing Address  11030 Ullswater Ln			01 30 2008
	City	State	Zip Code	Transaction ID: 23395180
	Windermere	FL	34786-5411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Florida Emer Phys	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	IN20080130
	Full Name (Last, First, Middle Initial) Dr. David William Ross	1		Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	15340 Raton Rd City	State	Zip Code	01 30 2008
	Colorado Spgs	CO	80921-2140	Transaction ID: 23397875  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Front EM Specialties Inc	Occupatio Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General  Other (specify) ▼		250.00	IN20080130
_	Full Name (Last, First, Middle Initial) Dr. Virgil W Smaltz			Date of Receipt
	Mailing Address  10 Saint Charles Ave			01 30 2008
	City	State	Zip Code	Transaction ID: 23398111
	Wheeling	WV	26003-9382	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Wheeling Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	IN20080130
	SUBTOTAL of Receipts This Page (optional) .			750.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 80 (check only one)    X   11a
or for cor	mation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) onal Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	lame (Last, First, Middle Initial)	TACION CON		
	ian S Zachariah g Address			Date of Receipt
O:t	3606 Acorn Wood Way		7in Onda	01 30 2008
City <u>Hous</u>	eton	State TX	Zip Code 77059-3741	Transaction ID: 23398282
FEC	D number of contributing al political committee.	C	77059-5741	Amount of Each Receipt this Period  250.00
Name Dept	of Employer of Surgery ED	Occupatio Emerger	n ncy Physician	
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	IN20080130
	lame (Last, First, Middle Initial) mes B Aiken			Date of Receipt
Mailin ———	g Address 81 Yosemite Dr			02 / 04 / 2008
City		State	Zip Code	Transaction ID: 23428076
<u>New</u>	Orleans	LA	70131-8661	Amount of Each Receipt this Period
	D number of contributing al political committee.	С		250.00
<u>EP</u>	e of Employer s B Aiken, MD MHA FAC-	,	ncy Physician	
	pt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	IN20080204
	lame (Last, First, Middle Initial) Vindell Washington			Date of Receipt
	g Address 101 Emerald Ln			02 04 2008
City		State	Zip Code	Transaction ID: 23443288
· · · · · · · · · · · · · · · · · · ·	resville	NC	28117-5502	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
<u>FACE</u>		. '	ncy Physician	
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	0803508
SUBTO	TAL of Receipts This Page (optional)			750.00

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 80 (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)	tatements 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 a solicit contributions from such committee.
	National Emergency Medicine Political	Action Con	nmittee	
۸.	Full Name (Last, First, Middle Initial) Dr. Gregory J Bjerke Mailing Address			Date of Receipt
	2973 Peterson Pkwy			02 04 2008
	City	State	Zip Code	Transaction ID: 23443290
	Fargo	ND	58102-1752	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Meritcare Med Ctr ED	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	0803565
_ 3.	Full Name (Last, First, Middle Initial) Dr. Michael J Wymore			Date of Receipt
	Mailing Address 7020 S Meadows Rd			02 / 14 / Y Y Y Y Y Y
	City Spokane	State WA	Zip Code 99223-1915	Transaction ID: 23601911
	FEC ID number of contributing federal political committee.	C	99225-1915	Amount of Each Receipt this Period
	Name of Employer Sacred Heart Med Ctr	,	ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	0804504
- }.	Full Name (Last, First, Middle Initial) Dr. Shetal N Patel Mailing Address			Date of Receipt
	37030 Broadstone Dr			02 18 2008
	City Solon	State OH	Zip Code 44139-7044	Transaction ID: 23601922  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	44139-7044	284.00
	Name of Employer Shetal N Patel , MD	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 284.00	0804950
	SUBTOTAL of Receipts This Page (optional)	1		884.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee	
National Emergency Medicine Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Sarah J Vogel		Date of Receipt
Mailing Address 52 Duncan Phyfe L	1	02 12 2008
City	State Zip Code	Transaction ID: 23601925
Slingerlands FEC ID number of contributing federal political committee.	NY 12159-9376	Amount of Each Receipt this Period  1000.00
Name of Employer Albany Mem Hosp	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	0804365
Full Name (Last, First, Middle Initial) Dr. Thomas E Benzoni		Date of Receipt
Mailing Address 4343 Far Hills Rd		02 09 YYYY 2008
City	State Zip Code	Transaction ID: 23601929
Sioux City	IA 51104-1030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Northwest Iowa Emerg Phys	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	0804065
Full Name (Last, First, Middle Initial) Dr. John Hannon Proctor		Date of Receipt
Mailing Address 320 Old Hickory Blv	vd #1200	0 2 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: 23624063
Nashville	TN 37221-1310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Columbia Southern HIs Med Ctr	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	0805208
CURTOTAL of Descripts This Days (autions	I)	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 19 / 80   (check only one)     X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	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 Political	al Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. Mary Jo McMullen			Date of Receipt
Mailing Address 809 Belleau Wood Dr			02 22 2008
City	State	Zip Code	Transaction ID: 23624083
Akron	OH	44303-1714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Gen Emerg Med Spec	Occupatio Emerger	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	0805305
Full Name (Last, First, Middle Initial) Dr. Kathleen Cowling			Date of Receipt
Mailing Address 3400 Midland 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: 23641362
Saginaw  FEC ID number of contributing federal political committee.	C	48603-9634	Amount of Each Receipt this Period
Name of Employer Covenant Hithcre Emer Phys	Occupatio	n	_
<u>Grp</u>	<del>, '                                     </del>	ncy Physician	
Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	N20080225
Other (specify) ▼	0 0	1000.00	11120000225
Full Name (Last, First, Middle Initial) Dr. Thomas W Lukens			Date of Receipt
Mailing Address 15503 Clifton Blvd			0 2 2 1 2 0 0 8
City	State	Zip Code	Transaction ID: 23641421
Lakewood	OH	44107-2411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		290.00
Name of Employer Metro Hith Med Ctr Dept of EM	<del>, '                                     </del>	ncy Physician	
Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	IN INCOMPANY
Other (specify)		290.00	IN20080221
			2290.00

ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 20 / 80   (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	Statements may	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 Politic	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. Brooks F Bock			Date of Receipt
Mailing Address 5764 Bloomfield Gle	ns		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: 23641476
W Bloomfield  FEC ID number of contributing federal political committee.	C	48322-2501	Amount of Each Receipt this Period  1000.00
Name of Employer Brooks F Bock, MD, FACEP	Occupatio Emerger	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	IN20080220
Full Name (Last, First, Middle Initial) Dr. Luis E Rios, Jr	· ·		Date of Receipt
Mailing Address 2409 Stockton Dr			02 20 7 2008
City Green Cv Spgs	State FL	Zip Code 32043-8795	Transaction ID: 23641485
FEC ID number of contributing federal political committee.	C	32043-0793	Amount of Each Receipt this Period 250.00
Name of Employer SE Emer Consult	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	IN20080220
Full Name (Last, First, Middle Initial) Dr. Peter W Corrigan			Date of Receipt
Mailing Address 1723 Alta Oaks Dr			02 / 25 / 2008
City	State	Zip Code	Transaction ID: 23738135
Arcadia FEC ID number of contributing federal political committee.	CA	91006-1702	Amount of Each Receipt this Period  100.00
Name of Employer Huntington Memorial Hosp	Occupatio Emerger	n Icy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 100.00	0805604
SUBTOTAL of Receipts This Page (optional)	1		1350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 21 / 80   (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 solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Emergency Medicine Polit			
Full Name (Last, First, Middle Initial) Dr. James S Eadie			Date of Receipt
Mailing Address 9227 Helotes Oaks			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Helotes	State TX	Zip Code	Transaction ID: 23738152
FEC ID number of contributing federal political committee.	C	78023-4528	Amount of Each Receipt this Period  500.00
Name of Employer Wilford Hall Med Ctr ED	Occupation Emergen	n ncy Physician	_
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 500.00	0805365
Full Name (Last, First, Middle Initial) Dr. Rashid J Baddoura			Date of Receipt
Mailing Address 120 Heights Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ridgewood	State NJ	Zip Code 07450-2412	Transaction ID: 23738155
FEC ID number of contributing federal political committee.	C	07430-2412	Amount of Each Receipt this Period  1000.00
Name of Employer Valley Hospital	Occupation	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	0805608
Full Name (Last, First, Middle Initial) Dr. Glenn Alden Bollard			Date of Receipt
Mailing Address 11210 Hunters Ridg	ge Blvd Apt 4		02 25 YYYYY 02 25 2008
City Meadville	State PA	Zip Code 16335-6382	Transaction ID: 23738157  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000 0002	1000.00
Name of Employer Glenn Alden Bollard, MD	Occupation Emergen	n Icy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	0805608
SUBTOTAL of Receipts This Page (optional	ıl)	_	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 / 80   (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	d Statements 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.
NAME OF COMMITTEE (In Full)  National Emergency Medicine Politic	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. Peter W Corrigan			Date of Receipt
Mailing Address 1723 Alta Oaks Dr			02 25 2008
City	State	Zip Code	Transaction ID: 23738158
<u>Arcadia</u>	CA	91006-1702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer Huntington Memorial Hosp	Occupatio Emerger	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	0805608
Full Name (Last, First, Middle Initial) Dr. Robert David Argand	<b>I</b>		Date of Receipt
Mailing Address 3321 Plateau 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: 23738170
Belmont	CA	94002-1311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Robert David Argand, MD	Occupatio Emergen	n acy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	0805609
Full Name (Last, First, Middle Initial) Dr. Randal L Dabbs			Date of Receipt
Mailing Address 105 Osprey Cove Ct	t		02 25 2008
City	State	Zip Code	Transaction ID: 23738175
Lenoir City	TN	37772-3899	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Team Health - MidSouth	Occupatio Emerger	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	0805609
			625.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 80 (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
Full Name (Last, First, Middle Initial) Dr. Philip C Van Dongen Mailing Address			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
75 May Apple Ln City Martinsburg FEC ID number of contributing	State WV	Zip Code 25403-1123	Transaction ID: 23738183  Amount of Each Receipt this Period
federal political committee.  Name of Employer Philip C Van Dongen, MD  Receipt For:	, '	n ncy Physician	250.00
Primary General Other (specify) ▼	riggiogate	250.00	0805609
Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher  Mailing Address  79 Lakeside Green			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: 23744264
The Woodlands  FEC ID number of contributing federal political committee.	C	77382-2078	Amount of Each Receipt this Period
Name of Employer Greater Houston Emer Phys  Receipt For:  Primary  General  Other (specify) ▼	. '	nocy Physician e Year-to-Date  400.00	IN20080229
Full Name (Last, First, Middle Initial) Dr. Virgil W Smaltz  Mailing Address			Date of Receipt
10 Saint Charles Ave			02 29 2008
City	State	Zip Code	Transaction ID: 23744266
Wheeling FEC ID number of contributing federal political committee.	C	26003-9382	Amount of Each Receipt this Period  250.00
Name of Employer Wheeling Hosp		ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	IN20080229
SUBTOTAL of Receipts This Page (optional)	•		600.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 80 (check only one)    X
A 0	ny information copied from such Reports and St r for commercial purposes, other than using the	tatements may name and add	not be sold or used by any personess 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 Com	mittee	
. <u>/</u>	Full Name (Last, First, Middle Initial) Dr. Michael D Bishop			Date of Receipt
	Mailing Address PO Box 3148	State	Zip Code	0 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Bloomington	IN	47402-3148	Transaction ID: 23744287  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7 102 01 10	1000.00
	Name of Employer Unity Phys Grp PC	Occupation Emergend	cy Physician	
	Receipt For:  Primary General  Other (specify) ▼	, <u> </u>	Year-to-Date ▼ 1000.00	IN20080227
	Full Name (Last, First, Middle Initial) Dr. L Dean Egbert			Date of Receipt
	Mailing Address  121 W Lakeview Way			02 27 27 2008
	City Woodland Hills	State UT	Zip Code 84653-2031	Transaction ID: 23744310
	FEC ID number of contributing federal political committee.	C	04035-2031	Amount of Each Receipt this Period  1000.00
	Name of Employer Mountain View Hosp	Occupation Emergend	cy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	IN20080227
	Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher Mailing Address			Date of Receipt
	79 Lakeside Green	01-1-	7'- 0-1-	02 27 2008
	City The Woodlands	State TX	Zip Code 77382-2078	Transaction ID: 23744325  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7,7602 2070	100.00
	Name of Employer Greater Houston Emer Phys	Occupation Emergend	cy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	IN20080227
	SUBTOTAL of Receipts This Page (optional)			2100.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and S for 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
	Full Name (Last, First, Middle Initial) Dr. Angela F Gardner Mailing Address  1914 Fair Field Dr City Grapevine  FEC ID number of contributing federal political committee.	State TX	Zip Code 76051-7100	Date of Receipt    M M M
	Name of Employer UTMB Univ of TX  Receipt For:  Primary General Other (specify) ▼	<del>, '                                   </del>	n ncy Physician e Year-to-Date ▼ 250.00	IN20080227
	Full Name (Last, First, Middle Initial) Dr. Michael Joseph Gerardi Mailing Address  29 Heritage Ct City Randolph	State NJ	Zip Code 07869-3534	Date of Receipt    M M
	FEC ID number of contributing federal political committee.  Name of Employer Emer Med Assoc  Receipt For:  □ Primary □ General □ Other (specify) ▼	,	n ncy Physician e Year-to-Date ▼ 252.00	IN20080227
	Full Name (Last, First, Middle Initial) Dr. Jason Greenspan Mailing Address 5017 Matilija Ave City Sherman Oaks FEC ID number of contributing	State CA	Zip Code 91423-1237	Date of Receipt    M M
	Receipt For:  Primary  Other (specify) ▼	Occupatio Emerger	nnncy Physician e Year-to-Date  250.00	IN20080227
s	UBTOTAL of Receipts This Page (optional)		<b>N</b>	584.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 80 (check only one)    X
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Emergency Medicine Political	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial)			Data of Passint
•	Dr. J Brian Hancock  Mailing Address  4827 Pebworth PI			Date of Receipt  0 2 2 7 2 7 2 0 0 8
	City	State	Zip Code	Transaction ID: 23744372
	Saginaw	MI	48603-9306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sterling Healthcare	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	IN20080227
. –	Full Name (Last, First, Middle Initial) Dr. Charles Henrichs			Date of Receipt
	Mailing Address 602 Red Oak Dr			02 27 2008
	City	State	Zip Code	Transaction ID: 23744377
	Hendersonville	NC	28791-1968	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hendersonville Emer Consu- Itant	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	IN20080227
	Full Name (Last, First, Middle Initial) Dr. Jay Kaplan			Date of Receipt
	Mailing Address 300 Oak Ave			02 27 2008
	City	State	Zip Code	Transaction ID: 23744378
	San Anselmo	CA	94960-2703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer CA Emerg Phys Med Grp	<del>-                                    </del>	ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	IN20080227
T <sub>s</sub>	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 27 / 80 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
4	ny information copied from such Reports and S 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 Politica	I Action Com	nmittee	
~	Full Name (Last, First, Middle Initial) Dr. David Charles Seaberg			Date of Receipt
	Mailing Address 9348 Royal Mountain			02 / 27 / 2008
	City	State	Zip Code	Transaction ID: 23744426
	Chattanooga	TN	37421-2067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ TN Colg of Med-Deans Ofc	Occupation	n ncy Physician	
	Receipt For:	,	Year-to-Date ▼	
	Primary General Other (specify) ▼	33 13	250.00	IN20080227
_	Full Name (Last, First, Middle Initial) Dr. Mary Jo Wagner	1		Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	5425 Nottingham N	Ctoto	Zin Code	02 27 2008
	City Saginaw	State MI	Zip Code 48603-2821	Transaction ID: 23744432
	FEC ID number of contributing federal political committee.	C	40005-2021	Amount of Each Receipt this Period  250.00
	Name of Employer Synergy Med Educ Alliance	Occupation Emergen	n Icy Physician	
	Receipt For:  Primary  General  Other (specify)	Aggregate	Year-to-Date ▼ 250.00	IN20080227
_	Full Name (Last, First, Middle Initial)			
	Dr. Carlton E Heine			Date of Receipt
	Mailing Address 515 Whitecap Rd			02 27 2008
	City	State	Zip Code	Transaction ID: 23745362
	Bellingham	WA	98229-8911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Skagit Valley Hosp	Occupation Emergen	n Icy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	0805809
	SUBTOTAL of Receipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 80 (check only one)    X   11a
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 Political	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr. Edwin Yi-chaio Hsu Mailing Address			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	14740 SW 83rd PI City	State	Zip Code	Transaction ID: 23745364
	Village of Palmett	FL	33158-1975	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Edwin Yi-chaio Hsu, MD  Receipt For:  Primary General  Other (specify) ▼		on ncy Physician e Year-to-Date ▼ 250.00	0805809
- s.	Full Name (Last, First, Middle Initial) Dr. James Jerome Augustine Mailing Address			Date of Receipt
	3460 Kingsboro Rd NE	02 27 2008		
	City	State	Zip Code	Transaction ID: 23745391
	Atlanta	GA	30326-3302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer EMP	. '	ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	0805810
	Full Name (Last, First, Middle Initial) Dr. Jeremiah O'Shea	l		Date of Receipt
	Mailing Address 20692 Creekside Dr			02 29 2008
	City	State	Zip Code	Transaction ID: 23783607
	Smithfield	VA	23430-8103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Peninsula Emer Phys	Occupation Emerger	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	0806065
	SUBTOTAL of Receipts This Page (optional)			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 29 / 80 (check only one)    X
or 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.
\ \	AME OF COMMITTEE (In Full) ational Emergency Medicine Politica	al Action Com	nmittee	
	ıll Name (Last, First, Middle Initial) : Michael P O'Mara			Date of Receipt
	ailing Address 4928 S Ellis Ave			03 / 05 / 2008
Ci		State	Zip Code	Transaction ID: 23805670
	hicago	<u>IL</u>	60615-2708	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
Na Ev	ame of Employer vergreen Emergency Svcs	Occupation Emergen	n ncy Physician	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	0806510
	ıll Name (Last, First, Middle Initial) : Suzanne Jean Martens			Date of Receipt
Ma	ailing Address 38 Lake Breeze Ln			03 05 7 9 9 9
Ci		State	Zip Code	Transaction ID: 23805745
<u>R</u>	andom Lake	WI	53075-1679	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
Na In	ame of Employer finity Healthcare	Occupation Emergen	n ncy Physician	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	0806511
	ıll Name (Last, First, Middle Initial) . John D Bibb			Date of Receipt
Ma	ailing Address 16449 Akron St			03 / 05 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Ci		State	Zip Code	Transaction ID: 23805755
<u>P</u> :	acific Plsds	CA	90272-2304	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		1000.00
<u>er</u>		Occupation Emergen	n ncy Physician	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	0806512
SUR	TOTAL 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 30 / 80 (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  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	
National Emergency Medicine Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Paul Andrew Kozak		Date of Receipt
Mailing Address 21925 N Calle Roya	03 / 05 / 4 4 4 4	
City Scottsdale	State Zip Code AZ 85255-5000	Transaction ID: 23805763  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mayo Clinic Hosp	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	0806512
Full Name (Last, First, Middle Initial) Dr. Timothy R Drury		Date of Receipt
Mailing Address1290 Shannock Rd	03 05 2008	
City	State Zip Code	Transaction ID: 23917171
Charlestown FEC ID number of contributing federal political committee.	RI 02813-3745	Amount of Each Receipt this Period  365.00
Name of Employer South County Hosp	Occupation Emergency Physician	
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	IN20080305
Full Name (Last, First, Middle Initial) Dr. John Duda		Date of Receipt
Mailing Address 106 Harbor Dr		03 05 7 2008
City Morehead City	State Zip Code NC 28557-9649	Transaction ID: 23917173
FEC ID number of contributing federal political committee.	NC 28557-9649	Amount of Each Receipt this Period  365.00
Name of Employer John Duda, MD, FACEP	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	IN20080305
SUBTOTAL of Receipts This Page (optional	1	980.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 80 (check only one)    X   11a
or fo	information copied from such Reports and Sor 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 o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)  National Emergency Medicine Politica	al Action Cor	nmittee	
. <u> </u>	Full Name (Last, First, Middle Initial) Or. Michael J Werdmann			Date of Receipt
_	Mailing Address 240 Porters Hill Rd	03 05 2008		
	City Monroe	State CT	Zip Code 06468-2236	Transaction ID: 23917306  Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		500.00
N E	lame of Employer Bridgeport Hosp ED	Occupation Emerger	on ncy Physician	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	IN20080305
	Full Name (Last, First, Middle Initial) Dr. Eric Decena			Date of Receipt
N	Mailing Address 5 Roderick Ct			03 12 2008
	City	State NY	Zip Code	Transaction ID: 23920224
F	E Northport  FEC ID number of contributing ederal political committee.	C	11731-5207	Amount of Each Receipt this Period  500.00
<u>(</u>	lame of Employer Good Samaritan Hosp Med Ctr	Occupation Emerger	<sup>on</sup> ncy Physician	
F	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	0807204
	Full Name (Last, First, Middle Initial) Dr. Brent F Gardner			Date of Receipt
N	Mailing Address 640 E Club Cir			03 12 2008
	City	State	Zip Code	Transaction ID: 23920585
F	_ongwood FEC ID number of contributing ederal political committee.	C	32779-2256	Amount of Each Receipt this Period  500.00
N F	lame of Employer Florida Emer Phys	Occupation Emerger	on ncy Physician	7
F	Receipt For:  Primary  General  Other (specify)	<del>, '</del>	e Year-to-Date ▼ 500.00	0807207
SUI	BTOTAL of Receipts This Page (optional) .			1500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 80 (check only one)    X
A C	ny information copied from such Reports and St r for commercial purposes, other than using the	tatements may 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	Action Con	nmittee	
	Full Name (Last, First, Middle Initial) Dr. Luis Quintero			Date of Receipt
	Mailing Address  3 Walnut Trace Ct	03 12 2008		
	City Simpsonville	State SC	Zip Code 29681-4769	Transaction ID: 23974689
	FEC ID number of contributing federal political committee.	C	29001-4709	Amount of Each Receipt this Period  250.00
	Name of Employer Luis Quintero, MD, FACEP	Occupation	n ncy Physician	
	Receipt For: Primary General Other (specify)		year-to-Date ▼ 250.00	IN20080312
_	Full Name (Last, First, Middle Initial) Dr. Joseph Bergen Mailing Address			Date of Receipt
	173 Littleton Cnty Rd			03 13 2008
	City	State	Zip Code	Transaction ID: 23974693
	<u>Harvard</u>	MA	01451-1459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emerson Hosp		ıcy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	IN20080313
	Full Name (Last, First, Middle Initial) Dr. M Scott Linscott, Jr			Date of Receipt
	Mailing Address 8157 Spectrum Cv			03 14 2008
	City	State	Zip Code	Transaction ID: 23975018
	Sandy	UT	84093-5408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer 1150 Moran Bldg		ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	IN20080314
	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 33 / 80   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Emergency Medicine Politic	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. Marilyn Joan Heine			Date of Receipt
Mailing Address  900 Twining Rd	0 3 1 4 2 0 0 8		
City	State	Zip Code	Transaction ID: 23979514
Dresher  FEC ID number of contributing federal political committee.	C	19025-1726	Amount of Each Receipt this Period  1000.00
Name of Employer Mercy Suburban Hosp	Occupation Emergen	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	0807403
Full Name (Last, First, Middle Initial) Dr. Scott Edward Rudkin	<b>I</b>		Date of Receipt
Mailing Address 6731 E Boscana Ct	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Orange	State CA	Zip Code 92867-6406	Transaction ID: 23979537
FEC ID number of contributing federal political committee.	C	92007-0400	Amount of Each Receipt this Period  250.00
Name of Employer Occupation Univ CA Irvine Emergenc		n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	0807407
Full Name (Last, First, Middle Initial) Dr. Gregory Jon Smolin	<b>I</b>		Date of Receipt
Mailing Address  3435 Pebble Ridge Dr			03 14 2008
City York	State PA	Zip Code 17402-4349	Transaction ID: 23979538  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	17402 4040	250.00
Name of Employer EMP of York County LLC	Occupation Emergen	n Icy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	0807407
SUBTOTAL of Receipts This Page (optional	)		1500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 80 (check only one)    X
A	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.
. <u>/</u>	Full Name (Last, First, Middle Initial) Dr. Steven Joseph Stack			Date of Receipt
	Mailing Address  2083 Bridgeport Dr	03 / 14 / 2008		
	City Lexington	State KY	Zip Code 40502-2615	Transaction ID: 23979539
	FEC ID number of contributing federal political committee.	C	40302-2013	Amount of Each Receipt this Period  1000.00
	Name of Employer St Joseph East Hosp ED Med Dir Receipt For:  ☐ Primary ☐ General Other (specify) ▼	<del>, '                                   </del>	on ncy Physician e Year-to-Date ▼	0807407
	Full Name (Last, First, Middle Initial) Dr. Michael J Bresler Mailing Address	1		Date of Receipt
	1025 Wilmington Way	0 3 1 4 2 0 0 8 Transaction ID: 23979542		
	Emerald Hills	CA	94062-4069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mills Hosp	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	0807408
_	Full Name (Last, First, Middle Initial) Dr. Nancy J Vance			Date of Receipt
	Mailing Address 548 Avawam Dr			03 19 YYYY 2008
	City	State	Zip Code	Transaction ID: 23979569
	Richmond  FEC ID number of contributing federal political committee.	C	40475-9195	Amount of Each Receipt this Period 500.00
	Name of Employer Rockcastle Hosp	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify)	<del>, '</del>	e Year-to-Date ▼ 500.00	0807908
Ţ	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 35 / 80   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	Statements 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.
NAME OF COMMITTEE (In Full)  National Emergency Medicine Politic		· ·	
Full Name (Last, First, Middle Initial) Dean Wilkerson			Date of Receipt
Mailing Address 538 Rolling Hills Rd	03 19 2008		
City	State	Zip Code	Transaction ID: 23979570
Coppell  FEC ID number of contributing federal political committee.	C	75019-4049	Amount of Each Receipt this Period  1000.00
Name of Employer Dean Wilkerson	Occupation FEC	n	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1000.00	0807909
Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher			Date of Receipt
Mailing Address 79 Lakeside Green	03 26 7 2008		
City The Woodlands	State TX	Zip Code 77382-2078	Transaction ID: 24127481
FEC ID number of contributing federal political committee.	C	17302-2070	Amount of Each Receipt this Period -100.00
Name of Employer Greater Houston Emer Phys  Coccupation  Concupation  Concupation		n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	IN20080229
Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher			Date of Receipt
Mailing Address 79 Lakeside Green			03 26 2008
City The Woodlands	State TX	Zip Code 77382-2078	Transaction ID: 24127482
FEC ID number of contributing federal political committee.	C	11302-2010	Amount of Each Receipt this Period -100.00
Name of Employer Greater Houston Emer Phys	Occupation Emergen	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 200.00	IN20080130
SUBTOTAL of Receipts This Page (optional)		<b>_</b>	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 36 / 80 (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 ad	dress of any political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher  Mailing Address  79 Lakeside Green  City The Woodlands	State TX	Zip Code 77382-2078	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 Greater Houston Emer Phys  Receipt For:  Primary General  Other (specify)	, ' <u> </u>	n ncy Physician e Year-to-Date ▼	-100.00 IN20071231
Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher  Mailing Address  79 Lakeside Green  City The Woodlands  FEC ID number of contributing federal political committee.  Name of Employer Greater Houston Emer Phys  Receipt For: Primary General Other (specify)	,	Zip Code 77382-2078  n ncy Physician e Year-to-Date ▼	Date of Receipt    M   M   D   D   2 0 0 8
Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher  Mailing Address  79 Lakeside Green  City The Woodlands  FEC ID number of contributing federal political committee.  Name of Employer Greater Houston Emer Phys  Receipt For:	<del>, '                                   </del>	Zip Code 77382-2078  n ncy Physician e Year-to-Date ▼	Date of Receipt  M M Z G Z O O 8  Transaction ID: 24127488  Amount of Each Receipt this Period  -100.00
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	0 0	-100.00	-300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule( for each category of the Detailed Summary Page	(Check drily drie)
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 commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Keith Thomas Borg Mailing Address		Date of Receipt
145 Oyster Point Row		03 27 2008
City	State Zip Code	Transaction ID: 24127504
Charleston	SC 29412-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Med Univ of SC	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.0	11
Full Name (Last, First, Middle Initial) Dr. Alexander Max Rosenau	1	Date of Receipt
Mailing Address  1140 N Broad St	7.0	03 / 27 / 2008
City	State Zip Code	Transaction ID: 24127506
Allentown	PA 18104-2912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lehigh Valley Hosp	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	IN20080327
Full Name (Last, First, Middle Initial) Dr. Clifford Erickson	1	Date of Receipt
Mailing Address 5309 Ellington Ct		03 / 27 / 2008
City Nowburgh	State Zip Code IN 47630-3170	Transaction ID: 24127619
Newburgh	IN 47630-3170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Clifford Erickson, MD, FA- CEP	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 255.0	IN20080327
CURTOTAL of Descints This Days (autional)		435.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 80 (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 a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert Kec			Date of Receipt
Mailing Address  1900 Paradise Ln			03 / 27 / 2008
City	State	Zip Code	Transaction ID: 24127622
Prescott  FEC ID number of contributing federal political committee.	C	86305-5284	Amount of Each Receipt this Period  100.00
Name of Employer PMB 521  Receipt For:  Primary General Other (specify) ▼	<del></del>	nn ncy Physician e Year-to-Date ▼	IN20080327
Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher Mailing Address			Date of Receipt
79 Lakeside Green City	State	Zip Code	0 3 2 7 2 0 0 8 Transaction ID: 24127662
The Woodlands	TX	77382-2078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Greater Houston Emer Phys	,	ncy Physician	
Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 0.00	IN20080327
Full Name (Last, First, Middle Initial) Dr. Ericka Powell			Date of Receipt
Mailing Address 40 Lane Rd			03 27 2008
City	State	Zip Code	Transaction ID: 24127663
Derry	NH	03038-4194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer EmCare	Occupatio Emerger	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	IN20080327
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 39 / 80 (check only one)    X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements mage 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 Politica	l Action Con	nmittee	
۰.	Full Name (Last, First, Middle Initial) Dr. Gregory L Shangold			Date of Receipt
	Mailing Address 66 Beacon Hill Dr			03 27 2008
	City Storrs	State CT	Zip Code 06268-2756	Transaction ID: 24127664
	FEC ID number of contributing federal political committee.	C	00200-2730	Amount of Each Receipt this Period 83.33
	Name of Employer Windham Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.99	IN20080327
_	Full Name (Last, First, Middle Initial) Dr. Michelle Marie McLean	1		Date of Receipt
	Mailing Address 1301 Glendale Ave			03 / 27 / 2008
	City	State	Zip Code	Transaction ID: 24127666
	Saginaw  FEC ID number of contributing federal political committee.	C	48638-4723	Amount of Each Receipt this Period  100.00
	Name of Employer Covenant Hithcre Emer Phys Grp Receipt For:	, · · · ·	n ncy Physician e Year-to-Date ▼	
	Primary General Other (specify) ▼	, iggi ogaic	300.00	IN20080327
	Full Name (Last, First, Middle Initial) Dr. Brent Asplin			Date of Receipt
	Mailing Address 4162 Ethan Dr			03 27 2008
	City	State	Zip Code	Transaction ID: 24127668
	Eagan	MN	55123-4908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Asst Prof of EM	<del>, '                                   </del>	ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	IN20080327
	SUBTOTAL of Receipts This Page (optional)			283.33

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 80 (check only one)    X   11a
<i>A</i>	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.
∠ <b>4</b> .	Full Name (Last, First, Middle Initial) Dr. Brien Alfred Barnewolt			Date of Receipt
	Mailing Address 68 Greenlawn Ave			03 27 2008
	City Newton	State MA	Zip Code 02459-1714	Transaction ID: 24127670  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02-100 171-1	83.33
	Name of Employer New England Med Ctr  Receipt For:  Primary General  Other (specify) ▼	<del>-                                       </del>	on ncy Physician e Year-to-Date ▼ 249.99	IN20080327
3.	Full Name (Last, First, Middle Initial) Dr. Andrew I Bern Mailing Address			Date of Receipt
	9846 NW 18th St	State	Zip Code	0 3 2 7 2 0 0 8 Transaction ID: 24127671
	Coral Springs	FL	33071-5826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Inphynet Team Hith	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.99	IN20080327
	Full Name (Last, First, Middle Initial) Dr. Frederick C Blum Mailing Address	1		Date of Receipt
	1470 Point Marion Rd		7:- Oada	03 27 2008
	City Morgantown	State WV	Zip Code 26508-1454	Transaction ID: 24128566  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer RCB-HSC	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	<del>, '                                     </del>	e Year-to-Date ▼ 249.99	IN20080327
	SUBTOTAL of Receipts This Page (optional)	1		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 41 / 80 (check only one)  X 11a 11b 11c 12 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	Statements may not be sold or used by any personal Statements may not be sold or used by any personal name and address of any political committee to cal Action Committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. James R Dudley		Date of Receipt
Mailing Address PO Box 488 City	State Zip Code	0 3 2 7 2 0 0 8 Transaction ID: 24128575
Gloucester	VA 23061-0488	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Riverside Tappahannock Ho- sp	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	IN20080327
Full Name (Last, First, Middle Initial) Dr. Diana L Fite		Date of Receipt
Mailing Address PO Box 2029		03 27 2008
City	State Zip Code	Transaction ID: 24128656
Waller	TX 77484-2029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	IN20080327
Full Name (Last, First, Middle Initial) Dr. Juan Francisco Fitz	-	Date of Receipt
Mailing Address 6021 90th St		03 27 2008
City	State Zip Code	Transaction ID: 24128657
Lubbock	TX 79424-0814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Covenant Med Grp	Occupation Emergency Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	IN20080327
SUBTOTAL of Receipts This Page (optional)	•	273.33

ITEMIZE	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 80 (check only one)    X   11a
or for comme	rcial purposes, other than using the	tatements mag name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	COMMITTEE (In Full) Emergency Medicine Politica	I Action Con	nmittee	
Dr. Kelly Fo	·			Date of Receipt
Mailing Ad	dress 1133 Pond Cypress Di			03 27 2008
City	1133 Folia Gypress Di	State	Zip Code	Transaction ID: 24128659
<u>Virginia</u>	Bch	VA	23455-6859	Amount of Each Receipt this Period
	umber of contributing itical committee.	C		85.00
Name of E Emer Phy	mployer s of Tidewater	Occupatio Emerger	n ncy Physician	
Receipt Fo		Aggregate	e Year-to-Date ▼ 255.00	IN20080327
Dr. Michae	(Last, First, Middle Initial) I Joseph Gerardi			Date of Receipt
Mailing Ad	dress 29 Heritage Ct			03 27 2008
City	L	State	Zip Code	Transaction ID: 24128661
	inber of contributing itical committee.	C	07869-3534	Amount of Each Receipt this Period  84.00
Name of E Emer Med	mployer Assoc	Occupatio Emerger	n ncy Physician	
Receipt Fo		Aggregate	e Year-to-Date ▼ 336.00	IN20080327
				Date of Receipt  0 3 2 7 2 0 0 8
City	7809 Trieste Pl	State	Zip Code	Transaction ID: 24128707
<u>Delray B</u>	each	FL	33446-4403	Amount of Each Receipt this Period
	umber of contributing itical committee.	C		100.00
Name of E Coral Spri	imployer ngs Med Ctr	Occupatio Emerger	n ncy Physician	
Receipt Fo		Aggregate	e Year-to-Date ▼ 300.00	IN20080327
SUBTOTAL	of Receipts This Page (optional)			269.00

	PULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 80 (check only one)    X
Any inform or for comi	ation copied from such Reports and S nercial 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	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) al Emergency Medicine Political	I Action Con	nmittee	
	me (Last, First, Middle Initial) iel G Hankins			Date of Receipt
Mailing ———	Address 9652 55th Ave NW			03 / 27 / 2008
City	••	State MN	Zip Code	Transaction ID: 24128812
	number of contributing political committee.	C	55960-2218	Amount of Each Receipt this Period  100.00
Name o Mayo C	f Employer linic	Occupation	n ncy Physician	
	For: rimary General ther (specify) ▼	<del>, '                                     </del>	e Year-to-Date ▼ 300.00	IN20080327
Dr. Jay				Date of Receipt
Mailing 	Address 300 Oak Ave			03 / 27 / 2008
City		State	Zip Code	Transaction ID: 24128875
FEC ID	nselmo number of contributing political committee.	CA	94960-2703	Amount of Each Receipt this Period  100.00
Name o CA Em	f Employer erg Phys Med Grp	Occupation Emerger	n ncy Physician	
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	IN20080327
	me (Last, First, Middle Initial) t Jason Korvek			Date of Receipt
Mailing	Address 1212 Lakemont Dr			03 27 2008
City	ala	State	Zip Code	Transaction ID: 24128934
	number of contributing political committee.	C	15243-1874	Amount of Each Receipt this Period  100.00
Name o Alleghe	f Employer ny Gen Hosp	Occupatio Emerger	ncy Physician	
	For: rimary General ther (specify) ▼	<del>, '                                     </del>	e Year-to-Date ▼ 300.00	IN20080327
SUBTOTA	<b>AL</b> of Receipts This Page (optional)	1	_	300.00

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 80 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
7	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 ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	/ National Emergency Medicine Politica	ai Action Cor	mmuee	
Α.	Full Name (Last, First, Middle Initial) Dr. John L Lyman			Date of Receipt
	Mailing Address 1500 Ridgeway Rd			03 27 2008
	City	State	Zip Code	Transaction ID: 24129009
	Dayton	OH	45419-3008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Premier Hith Care	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	IN20080327
_ 3.	Full Name (Last, First, Middle Initial) Dr. Jacob Mark Meredith, III	1		Date of Receipt
	Mailing Address 1231A Rt 532			03 27 2008
	City	State	Zip Code	Transaction ID: 24129139
	Chatsworth	NJ	08019-9711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Cmmty Med Ctr ED	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.99	IN20080327
_ ;.	Full Name (Last, First, Middle Initial) Dr. John S Milne			Date of Receipt
	Mailing Address 530 Wilderness Peak	Dr NW		03 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State WA	Zip Code 98027-5621	Transaction ID: 24129213
	Issaquah FEC ID number of contributing federal political committee.	C	98027-3021	Amount of Each Receipt this Period 83.33
	Name of Employer Eastside Emer Phys PLLC	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	<del>-  </del>	e Year-to-Date ▼ 249.99	IN20080327
ſ	SUBTOTAL of Receipts This Page (optional)			241.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 80 (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)			
Dr. Ira R Nemeth			Date of Receipt
Mailing Address 3225 Turtle Creek Blvo	l Ant 134		03 27 2008
City	State	Zip Code	Transaction ID: 24129275
<u>Dallas</u>	TX	75219-5457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Ira R Nemeth, MD	Occupation	n ncy Physician	7
Receipt For:	, i – – –	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	300.00	IN20080327
Full Name (Last, First, Middle Initial) Dr. Jeffrey R Nickel			Date of Receipt
Mailing Address 2300 N Black Oak Dr			03 27 YYYY 2008
City	State	Zip Code	Transaction ID: 24129345
<u>Angola</u>	IN	46703-8195	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Pro Emer Phys Inc	Occupation Emergen	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	300.00	IN20080327
Full Name (Last, First, Middle Initial) Dr. Lee E Payne			Date of Receipt
Mailing Address 904 Luke St			03 27 2008
City	State	Zip Code	Transaction ID: 24129412
Travis Afb	CA	94535-1354	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer David Grant Med Ctr	Occupation Emergen	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	. '	e Year-to-Date ▼ 249.99	IN20080327
SUBTOTAL of Receipts This Page (optional)			283.33

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 80 (check only one)    X   11a
	Any information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Political	Action Con	nmittee	
۸.	Full Name (Last, First, Middle Initial) Dr. Todd Slesinger			Date of Receipt
	Mailing Address 427 Daub Ave			03 / 27 / 2008
	City	State	Zip Code	Transaction ID: 24129466
	Hewlett	NY	11557-1136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer North Shore Univ Hosp	Occupation Emerger	n ncy Physician	
	Receipt For:  ☐ Primary ☐ General  ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.99	IN20080327
_ 3.	Full Name (Last, First, Middle Initial) Dr. Robert C Solomon			Date of Receipt
	Mailing Address 214 Briar Path			03 / 27 / 4 9 9
	City Imperial	State PA	Zip Code	Transaction ID: 24129524
	FEC ID number of contributing federal political committee.	C	15126-9686	Amount of Each Receipt this Period 83.33
	Name of Employer Steel Vly Emer Phys	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 249.99	IN20080327
. –	Full Name (Last, First, Middle Initial) Dr. Ronald S Strony Mailing Address			Date of Receipt
	6660 Richardson Rd			03 27 2008
	City Fairview	State PA	Zip Code 16415-1654	Transaction ID: 24129584  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10410 1004	83.33
	Name of Employer Hamot Med Ctr ED	Occupatio Emerger	n ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 249.99	IN20080327
	SUBTOTAL of Receipts This Page (optional)			249.99

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 80 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
7	any information copied from such Reports and S 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 perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
	National Emergency Medicine Politica	I Action Con	mmittee	
۷.	Full Name (Last, First, Middle Initial) Mr Gordon Wheeler			Date of Receipt
	Mailing Address ACEP 2121 K St NW Ste 325	5		03 / 27 / 2008
	City	State	Zip Code	Transaction ID: 24129671
	Washington	DC	20037-1886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Gordon Wheeler	Occupation FEC	on	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	IN20080327
_ 3.	Full Name (Last, First, Middle Initial) Dr. John D Bibb	<u> </u>		Date of Receipt
•	Mailing Address 16449 Akron St			0 3 2 7 2 0 0 8
	City	State	Zip Code	Transaction ID: 24136519
	Pacific Plsds	CA	90272-2304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Cedars Sinai Medical Cent- er	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1100.00	0808704
_ ;.	Full Name (Last, First, Middle Initial) Dr. David John Peter	<u> </u>		Date of Receipt
	Mailing Address 1400 Crystal Lake 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: 24136525
	Silver Lake	OH	44224-2927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Gen Emer Med Spec	Occupation Emerger	on ncy Physician	7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1100.00	0808104
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1200.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 80 (check only one)    X
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  National Emergency Medicine Politic	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		ai Action Coi		1
۱.	Full Name (Last, First, Middle Initial) Dr. Eric Michael Ketcham			Date of Receipt
	Mailing Address  228 W 35th St			03 21 2008
	City Farmington	State NM	Zip Code 87401-4047	Transaction ID: 24136529  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer San Juan Reg Med Ctr	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	0808106
	Full Name (Last, First, Middle Initial) Dr. Thomas C Madden			Date of Receipt
	Mailing Address 6195 Deerwood Dr			03 / 21 / 2008
	City	State	Zip Code	Transaction ID: 24136532
	Greenwood  FEC ID number of contributing federal political committee.	C	46143-9159	Amount of Each Receipt this Period  300.00
	Name of Employer Bloomington Hosp ED	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	0808106
	Full Name (Last, First, Middle Initial) Dr. William K Sheffield			Date of Receipt
	Mailing Address 5703 S 950 E			03 21 2008
	City S Ogden	State UT	Zip Code 84405-4983	Transaction ID: 24136538
	FEC ID number of contributing federal political committee.	C	84405-4983	Amount of Each Receipt this Period 500.00
	Name of Employer EPIC LLC	Occupation Emerger	on ncy Physician	
	Receipt For:  Primary General  Other (specify) ▼	<del>-, '</del>	e Year-to-Date ▼ 500.00	0808106
s	SUBTOTAL of Receipts This Page (optional)			1300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 49 / 80   (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 such as	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Emergency Medicine Politic			
Full Name (Last, First, Middle Initial) Dr. Henry P Hammersmith			Date of Receipt
Mailing Address 12070 Hoskins NE			03 28 2008
City	State	Zip Code	Transaction ID: 24138024
Cedar Springs	MI	49319-9182	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Butterworth Hosp	Occupatio Emerger	n ncy Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	IN20080328
Full Name (Last, First, Middle Initial) Dr. Shkelzen Hoxhaj			Date of Receipt
Mailing Address 4130 Drake St			03 28 2008
City	State	Zip Code	Transaction ID: 24138025
Houston	TX	77005-1028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Baylor Colg of Med	Occupatio Emergen	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	IN20080328
Full Name (Last, First, Middle Initial) Dr. John C Moorhead			Date of Receipt
Mailing Address 4138 SW Hamilton	Гег		03 31 2008
City	State	Zip Code	Transaction ID: 24138772
Portland	OR	97239-4110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Oregon Hith Sci Univ CDW- EM	<del>- '</del>	ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	IN20080331
			2250.00

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 80 (check only one)    X   11a
or for com	nation copied from such Reports and S imercial purposes, other than using the OF COMMITTEE (In Full) nal 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 Na	ame (Last, First, Middle Initial)			Data of Passint
-	ry L Carter g Address 5408 NW 60th Terr			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City		State	Zip Code	Transaction ID: 24138788
<u>Kans</u>	as City	MO	64151-4394	Amount of Each Receipt this Period
	O number of contributing political committee.	C		1000.00
Name North	of Employer Kansas City Hosp	Occupatio Emerger	n ncy Physician	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	IN20080331
	ame (Last, First, Middle Initial) W Davidson			Date of Receipt
Mailing ———	g Address 2160 Onyx St			03 / 31 / 2008
City		State	Zip Code	Transaction ID: 24138802
<u>Euge</u>	ne	OR	97403-1534	Amount of Each Receipt this Period
	O number of contributing political committee.	C		750.00
	of Employer de Med Assoc	, ' -	ncy Physician	
	ot For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	IN20080331
	ame (Last, First, Middle Initial) rard Walter Dynkowski			Date of Receipt
	g Address 1596 Whitetail Ln			03 / 31 / 2008
City <u>Ceda</u>	rbura	State WI	Zip Code 53012-8955	Transaction ID: 24138804
FEC II	D number of contributing political committee.	C	53012-8955	Amount of Each Receipt this Period  500.00
Name Infinity	of Employer HealthCare Inc	Occupatio Emerger	n ncy Physician	
	ot For:  Primary General  Other (specify) ▼	<del>, '                                   </del>	e Year-to-Date ▼ 500.00	IN20080331
SUBTO	AL of Receipts This Page (optional)			2250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 80 (check only one)    X   11a
A o	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.
. <u>/</u>	Full Name (Last, First, Middle Initial) Dr. Timothy G Greco			Date of Receipt
-	Mailing Address 1260 Crestview Dr			03 / 31 / 2008
	City	State	Zip Code	Transaction ID: 24138806
	Fullerton  FEC ID number of contributing federal political committee.	CA	92833-2206	Amount of Each Receipt this Period  1000.00
	Name of Employer St Jude Hosp  Receipt For:  Primary General Other (specify)	<del>, '                                     </del>	nn ncy Physician e Year-to-Date ▼ 1000.00	IN20080331
	Full Name (Last, First, Middle Initial) Dr. Steven R Horn Mailing Address	'		Date of Receipt
	5285 Laurel Ridge Ln City	State	Zip Code	03 31 2008
	Cincinnati	Olaic	45247-7950	Transaction ID: 24138808  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer McCullough Hyde Mem Hosp	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	IN20080331
_	Full Name (Last, First, Middle Initial) Dr. John Joseph Kelly Mailing Address 8617 Seminole St			Date of Receipt  0 3
	City	State	Zip Code	Transaction ID: 24138810
	Philadelphia	PA	19118-3728	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Einstein Practice Plan	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	IN20080331
\[\frac{1}{2}\]	SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each cat	te schedule(s)	FOR LINE NUMBER: PAGE 52 / 80 (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 Polit	e name and address of any pol	used by any person f itical committee to so	or the purpose of soliciting contributions licit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Larry D Parker Mailing Address PO Box 88 City	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
Sieper FEC ID number of contributing federal political committee.	LA 71472-00	88	Amount of Each Receipt this Period 1000.00
Name of Employer St Francis Cabrini Hosp  Receipt For:  Primary  General  Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date	1000.00	IN20080331
Full Name (Last, First, Middle Initial) Dr. Christopher R Pund Mailing Address 872 Golden Bell Pl	Charles 7 in 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 <u>Lexington</u>	State Zip Code  KY 40515-119	98	Transaction ID: 24138858  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1 1	1000.00
Name of Employer Ephraim McDowell Reg Med Ctr Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date		IN20080331
Full Name (Last, First, Middle Initial) Dr. Armando G Samaniego Mailing Address	•		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3313 N Lucile Ln City	State Zip Code		Transaction ID: 24138945
Lafayette  FEC ID number of contributing federal political committee.	CA 94549-54	25	Amount of Each Receipt this Period 500.00
Name of Employer Armando G Samaniego, MD	Occupation Emergency Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date		IN20080331
SUBTOTAL of Receipts This Page (optional)	1		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 53 / 80 (check only one)    X   11a
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 personante name and address of any political committee to cal Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Allister G Stone Mailing Address  1118 Magnolia 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	State Zip Code	Transaction ID: 24139106
Fircrest	WA 98466-5835	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Allister G Stone, DO  Receipt For: Primary General	Occupation Emergency Physician Aggregate Year-to-Date ▼	I INCORPORATE
Other (specify)	500.00	IN20080331
Full Name (Last, First, Middle Initial) Dr. Joseph R Lex, Jr Mailing Address		Date of Receipt
4 Bryn Mawr Ave		03 31 2008
City	State Zip Code	Transaction ID: 24142603
Bala Cynwyd	PA 19004-3111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Temple Univ Hosp Receipt For:	Occupation Emergency Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	0809108
Full Name (Last, First, Middle Initial) Dr. Timothy Martin O'Toole Mailing Address		Date of Receipt
2661 MacNaughten		03 31 2008
City <u>North Canton</u>	State Zip Code OH 44720-9546	Transaction ID: 24142608  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Aultman Hosp ED	Occupation Emergency Physician	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	0809108
Other (specify) ▼	500.00	
	0 0 0 0 0 0 0 0	1500.00

SCHEDULE A (FEC Form 3) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 80 (check only one)  11a 11b 11c 12 13 14 15 16 X
ny information copied from such Reports a r 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 the name and address of any political committee tical Action Committee	
/ National Emergency Medicine Foli	tical Action Committee	
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 CONNECTION	LIT AVE NIM	Date of Receipt
Walling Address 1050 COMMECTIC	OT AVE NVV	01 31 2008
City	State Zip Code	Transaction ID: 24231646
WASHINGTON	DC 20036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1539.09
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		¬ l
Other (specify) ▼	1539.09	
Full Name (Last, First, Middle Initial) SMITH BARNEY		Date of Receipt
Mailing Address 1050 CONNECTIO	UT AVE NW	02 29 YYYY 29 2008
City	State Zip Code	Transaction ID: 24231846
WASHINGTON	DC 20036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1317.58
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		7
Other (specify)	2856.67	
Full Name (Last, First, Middle Initial) SMITH BARNEY	l	Date of Receipt
Mailing Address 1050 CONNECTIO	UT AVE 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: 24231849
<u> WASHINGTON</u>	DC 20036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1017.99
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		¬ l
Other (specify)	3874.66	
SUBTOTAL of Receipts This Page (option	al)	3874.66

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$ \rangle$	National Emergency Medicine Political Ac	tion Committee										
	Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC						of Di	sburs	ement			
	Mailing Address 2201 Wisconsin Ave, NV Suite 320	V				0 <sup>M</sup> 1	М	<sup>′</sup>	1	Y	žoŏ	3 <sup>Y</sup>
	City Washington	State Zip Code DC 20007				Amou	int o	f Each	Disb	ursem	ent this	
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	BURSEMENTS	for each	category of the Summary Page	(check onl	ry one)  22
					for the purpose of soliciting contributions olicit contributions from such committee
NAME OF COMM		e name and addre	or any pointed		Sion contributions from such committee
\	ency Medicine Politica	al Action Comn	nittee		
Full Name (Last, F	irst, Middle Initial)				Transaction ID: 22998086
Republican Mai	n Street Partnership F	PAC			Date of Disbursement
Mailing Address	2201 Wisconsin Av Suite 320	e, NW			01 / 01 / 2008
City Washington		State DC	Zip Code 20007		Amount of Each Disbursement this Perio
Purpose of Disbur	sement				5000.00
Candidate Name				011 Category/	
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Office Sought:	House Dis	sbursement For: Primary Other (spe	General		
State:	District:		•		
Full Name (Last, F Republican Mai	rirst, Middle Initial) n Street Partnership F	PAC			Transaction ID: 22997982 Date of Disbursement
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Mailing Address	2201 Wisconsin Av Suite 320	e, NW			01 03 2008
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Full Name (Last, F	First, Middle Initial) r Congress 2008				Transaction ID: 23230485 Date of Disbursement
Full Name (Last, F	•	Suite 100			
Full Name (Last, F Dave Camp For	r Congress 2008	Suite 100 State MI	Zip Code 48640		Date of Disbursement  O 1 D 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, F Dave Camp For Mailing Address	r Congress 2008 5915 Eastman Ave.	State			Date of Disbursement  O 1
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Full Name (Last, F Dave Camp For Mailing Address  City Midland  Purpose of Disbur  Candidate Name Rep. David Lee  Office Sought:	r Congress 2008  5915 Eastman Ave.  sement  Camp  X House Discontinuous Senate President	State MI sbursement For:	2008 X General	Category/	Date of Disbursement  M M M D 2 3 Y 2 0 0 8 Y  Amount of Each Disbursement this Perior

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IT!	EMIZED DISBURSEMENT	for each control Detailed S	ategory of the Summary Page		Ì	21b 27	22 28a	X	23 28b	$\Box$	24 28c		25 29	2
or f	y Information copied from such Reports ar or commercial purposes, other than using NAME OF COMMITTEE (In Full)													
	National Emergency Medicine Polit	ical Action Commi	ittee											
	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress						Trans Date		sburs				) ŏ 8	Y
	Mailing Address 555 Capitol Mall	Suite 1425					0 1			2.3	L	2 (	000	
	City Sacramento	State CA	Zip Code 95814				Amou	nt of	Each	Disb	ursen	-		-
	Purpose of Disbursement  Candidate Name				011						•	100	00.00	
	Rep. Anna G. Eshoo				tego ype									
	Office Sought:  X House Senate President State: CA District: 14	Disbursement For: Primary Other (spec	2008 X General cify) ▼											
	State: CA District: 14  Full Name (Last, First, Middle Initial)	2008 General					Trans	aoti	on ID:	. 222	2050	12		
	Friends Of Patrick J. Kennedy Inc.						Date of		sburs	_			0 0 8	Υ
	Mailing Address P.O. Box 321						0 1		2	2 3	L	2 (	0 0 8	
	City Pawtucket	State RI	Zip Code 02860				Amou	nt of	Each	Disb	ursen			
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	Rep. Patrick J. Kennedy  Office Sought: X House Senate President  State: RI District: 01	Disbursement For:  X Primary Other (spec	2003 General	ı	Гуре	1								
	Full Name (Last, First, Middle Initial) Keller For Congress						Trans Date	of Di	sburs	ement	· · -			
	Mailing Address P.O. Box 1453						0 <sup>M</sup> 1	М	2	23	Y	ž (	8 0 (	Y
	City Orlando	State FL	Zip Code 32802				Amou	nt of	Each	Disb	ursen	nent t	this Pe	erio
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	Candidate Name Rep. Richard A. Keller				tego ype									
	Office Sought: X House Senate President State: FL District: 08	Disbursement For: Primary Other (spec	2008 X General cify) ▼											
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CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)			OR LIN			R:			F	PAGI	58	/ 80	
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ny Information copied from such Reports and Statem for commercial purposes, other than using the name															
NAME OF COMMITTEE (In Full)	e and addres	s of any political	COIII	11111	ilee io s	Olici	t COIIti	ibuti	0115	1101	II Suci	COII	IIIIIII	<del>J</del>	
National Emergency Medicine Political Acti	ion Commi	ittee													
Full Name (Last, First, Middle Initial)  Democratic Senatorial Campaign Committee	ee						Trans Date					549			
Mailing Address 430 S. Captiol St., SE							0 <sup>M</sup> 1	M /	<u> </u>	2 3	B /	Y	ž o ŏ	8 <sup>Y</sup>	
•	State DC	Zip Code 20003					Amou	int of	Ea	ch C	Disbur		-		riod
Purpose of Disbursement				01	1		<u> </u>			0		1:	5000.	.00	
Candidate Name			Ca	_	gory/										
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Blue Dog Coalition							Trans Date		sbu	rsen	nent	4/0			
Mailing Address 227 massachusetts Aven Suite 101	iue						0 <sup>M</sup> 1	M /		2 3	3 /	Υ	ž o ŏ	8 <sup>Y</sup>	
,	State DC	Zip Code 20002					Amou	ınt of	Ea	ch C	Disbur	seme	nt this	Pe	riod
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Candidate Name			Ca	01 ate Ty	gory/										
Office Sought:    House   Disburse     Senate   President     State: District:	ment For: Primary Other (spec	General Cify) ▼													
Full Name (Last, First, Middle Initial) Stabenow For Us Senate							Trans					444			
Mailing Address PO Box 4945							0 <sup>M</sup> 1	M /	' [	2 3	D /	Y	ž o ŏ	8 <sup>*</sup>	
	State MI	Zip Code 48826					Amou	ınt of	Ea	ch C	Disbur	seme	nt this	Pe	riod
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Candidate Name Sen. Debbie Stabenow			Ca	01 ate Ty	gory/										
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State: MI District: 2012 Pr					<b>•</b>				_	-		21	000.	00	
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CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 59 / 80
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22   X 23   24   25
ny Information copied from such Reports and Statem for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  National Emergency Medicine Political Acti	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dako	ta		Transaction ID: 23230540 Date of Disbursement
Mailing Address PO Box 2009			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & I \end{smallmatrix} \end{bmatrix} \  \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \  \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & D \end{smallmatrix} \end{bmatrix} \  \   \\ \begin{bmatrix} Q & I & M \\ Z & J & J \end{smallmatrix} \end{bmatrix} \  \                 $
	State Zip Code SD 57101		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1500.00
Candidate Name Rep. Stephanie Herseth Sandlin		Category/ Type	
President	Primary General Other (specify)		
State: SD District: 01 2008 Pr Full Name (Last, First, Middle Initial)	ımary		Transaction ID: 23230548
Voice For Freedom PAC			Date of Disbursement
Mailing Address 2451 Cumberland Parkwa Suite 3264			
Atlanta	State Zip Code GA 30339		Amount of Each Disbursement this Perior 2500.00
Purpose of Disbursement  Candidate Name		011 Category/	2300.00
Office Sought:  Senate President State:  Disburse	ment For: Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) TRUST PAC			Transaction ID: 23230539 Date of Disbursement
Mailing Address 104 Hume Avenue			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix} $
	State Zip Code VA 22301		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2500.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional) .			6500.00
OTAL This Period (last page this line number only)			
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Mailing Address	c/o Goeas and 1707 Prince Sti		}					0 <sup>M</sup> 1	M /	<sup>D</sup> 2:	<sup>D</sup> /	Y Ž	0 0 8	B Y
City Alexandria	1707 Tillice Gu	S	tate /A	Zip Code 22314				Amo	unt of I	Each [	Disburs			_
Purpose of Disbur	sement					011	$\overline{}$		_		_	50	0.000	0
Candidate Name					Ca	atego Type	•							
Office Sought:	House Senate President		nent For: Primary Other (spe	General										
	District:													
Full Name (Last, F Ron Lewis For (	,							_	<b>sactio</b> of Dis	_	23230 ment	472		
Mailing Address	PO Box 307							0 <sup>M</sup> 1	M /	<sup>D</sup> 2	<sup>D</sup> /	Ý Ž	0 0 8	3 Y
City Elizabethtown			tate (Y	Zip Code 42702				Amo	unt of I	Each [	Disburs	emen	t this F	Perio
Purpose of Disbur	sement	<u>'</u>	<u> </u>	72702			$\overline{}$					10	0.00	0
Candidate Name Rep. Ron Lewis	<b></b>				Ca	011 atego Type	ry/							
Office Sought:	X House Senate President		Primary Other (spe	2003 General										
State: KY Full Name (Last, F Schock For Cor		2008 Pri	mary						sactio of Dis		23230 ment	468		
Mailing Address	PO Box 10555							о <sup>м</sup> 1	M /	<sup>D</sup> 2:	3 /	<sup>Y</sup> 2	o ŏ o	3 Y
City Peoria			tate L	Zip Code 61612				Amo	unt of I	Each [	Disburs			_
Purpose of Disbur	sement					011						20	0.00	0
Candidate Name Aaron Schock					Ca	atego Type								
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o II	President District: 18	2008 Pri	Other (spe mary	ecily) 🔻										
State: IL														

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a		23 28b	ш	.4 .8c	25 29	
Any Information copied from such Reports and Stat or for commercial purposes, other than using the natural NAME OF COMMITTEE (In Full)  National Emergency Medicine Political A	me and address of any politica									s
/										
Full Name (Last, First, Middle Initial) Friends Of Mark Warner  Mailing Address 1029 North Royal Stre	et 2nd Fl			Trans Date of			ement		6 2008	3 <sup>Y</sup>
City Alexandria	State Zip Code VA 22314			Amou	nt of	Each	Disbu	ırsem	ent this	Period
Purpose of Disbursement			11	L.					2500.0	00
Candidate Name Mark Warner			egory/ /pe							
X Senate President	sement For: 2003  X Primary General Other (specify) ▼  Primary									
Full Name (Last, First, Middle Initial)	rilliary			<b>T</b>		ID	0000	20.400		
Louise Slaughter Re-Election Committee						burse	ement			Y
Mailing Address P.O. Box 730 C/0 C. Bruce Lawrence				0 1		2	3	L.	žοŏε	3
City Honeoye	State Zip Code NY 14471			Amou	nt of	Each	Disbu		ent this	
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Rep. Louise McIntosh Slaughter	2000	Ту	/pe							
Senate President	sement For: 2003  X Primary General Other (specify) ▼  Primary									
Full Name (Last, First, Middle Initial)  Castle Campaign Fund	Filliary			Trans					5	
Mailing Address PO Box 133				0 <sup>M</sup> 2	M /	0	6 <sup>/</sup>	Y	ž 0 0 8	8 <sup>Y</sup>
City Wilmington	State Zip Code DE 19899			Amou	nt of	Each	Disbu	ırsem	ent this	Period
Purpose of Disbursement		Ō	11		_				1000.0	00
Candidate Name Rep. Michael N. Castle			egory/ /pe							
Office Sought: X House Disbu Senate President	sement For: 2003  X Primary General Other (specify)	1	-							
OLL DE DELLE OF LOCAL										
State: DE District: 01 2008	Primary				-				6000.0	

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SCHEDULE B (FEC Form 3X)	Harana and Later Co.	FOR LINE I	NUMBER: PAGE 62 / 80
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State	 ments may not be sold or used by		
or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Political Ad	tion Committee		
Full Name (Last, First, Middle Initial) Jesse Jackson Jr. For Congress			Transaction ID: 23427521 Date of Disbursement
Mailing Address P.O. Box 490286			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{smallmatrix} \end{bmatrix}$
City Chicago	State Zip Code IL 60649		Amount of Each Disbursement this Period
Purpose of Disbursement			1500.00
		011	
Candidate Name Rep. Jesse L. Jackson, Jr.		Category/ Type	
Office Sought:  X House Senate President  Disburs	ement For: 2008 Primary X General Other (specify)		
State: IL District: 02 2008 0	General		
Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc			Transaction ID: 23427366 Date of Disbursement
<u> </u>			0 2 0 6 2 0 0 8
Mailing Address 6850 Austin Centre Blvd Suite 180			
City Austin	State Zip Code TX 78731		Amount of Each Disbursement this Period
Purpose of Disbursement		011	500.00
Candidate Name Sen. John Cornyn		Category/ Type	
ÿ	ement For: 2003  ☐ Primary ☐ General  Other (specify) ▼		
	Primary		
Full Name (Last, First, Middle Initial)			Transaction ID: 23427519
Porter For Congress			Date of Disbursement
Mailing Address 7840 Red Leaf Drive			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 6 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}$
City Las Vegas	State Zip Code NV 89131		Amount of Each Disbursement this Period
Purpose of Disbursement	- · ·	• • •	1500.00
		011	
Candidate Name Rep. Jon C. Porter		Category/ Type	
Senate President	ement For: 2003  Primary General  Other (specify)		
State: NV District: 03 2008 F	Primary		
SUBTOTAL of Disbursements This Page (optional)			3500.00

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

CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	for each category of the (check of	NE NUMBER: PAGE 63 / 80 only one)
	Detailed Summary Page 21b 27	28a 28b 28c 29
ny Information copied from such Reports and State for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full)  National Emergency Medicine Political Ad	ction Committee	
Full Name (Last, First, Middle Initial) Udall For Colorado		Transaction ID: 23427807 Date of Disbursement
Mailing Address PO Box 40158		02
City Denver	State Zip Code CO 80204	Amount of Each Disbursement this Per
Purpose of Disbursement	011	2500.00
Candidate Name Rep. Mark Udall	Category/ Type	
Office Sought:  X House Senate President  Disburs	sement For: 2008 Primary X General Other (specify) ▼	
	General	
Full Name (Last, First, Middle Initial) Volunteers For Shimkus		Transaction ID: 23492156 Date of Disbursement
Mailing Address PO Box 5458		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Springfield	State Zip Code IL 62705	Amount of Each Disbursement this Per
Purpose of Disbursement	011	2500.00
Candidate Name Rep. John M. Shimkus	Category/ Type	
Office Sought:  X House Senate President  Disburs	sement For: 2008 Primary X General Other (specify) ▼	
State: IL District: 19 2008 ( Full Name (Last, First, Middle Initial)	General	
Tim Murphy For Congress		Transaction ID: 23492598  Date of Disbursement
Mailing Address PO Box 24551		02 13 7 2008
City Pttsburgh	State Zip Code PA 15234	Amount of Each Disbursement this Per
Purpose of Disbursement	011	2000.00
Candidate Name Rep. Tim F. Murphy	Category/ Type	
	sement For: 2003  K Primary General  Other (specify)	
	Primary	

CHEDULE B (FEC Form 3X)		NE NUMBER: PAGE 64 / 80
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ny Information copied from such Reports and St		
NAME OF COMMITTEE (In Full)  National Emergency Medicine Political	··	y solicit contributions from such confinitee
Full Name (Last, First, Middle Initial)		Transaction ID: 23491144
National Republican Congressional Co	nmittee	Date of Disbursement
Mailing Address 320 First Street, SW		02 13 7 2008
City Washington	State Zip Code DC 20003	Amount of Each Disbursement this Perio
Purpose of Disbursement	011	15000.00
Candidate Name	Category/ Type	
Senate President	ursement For:  Primary General  Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial) Collins For Senator		Transaction ID: 23491220 Date of Disbursement
Mailing Address PO Box 1096		02 13 7 2008
City Bangor	State Zip Code ME 04402	Amount of Each Disbursement this Perio
Purpose of Disbursement		2500.00
Candidate Name Sen. Susan M. Collins	011 Category/ Type	
χ Senate President	ursement For: 2003  X Primary General  Other (specify) ▼  3 Primary	
Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress	•	Transaction ID: 23491554 Date of Disbursement
Mailing Address P.O. Box 11519		02 / 13 / 2008
City Charleston	State Zip Code WV 25339	Amount of Each Disbursement this Perio
Purpose of Disbursement	011	1000.00
Candidate Name Rep. Shelley Moore Capito	Category/ Type	
Office Sought:  X House Senate President	ursement For: 2003  X Primary General Other (specify) ▼	
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SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 80 (check only one)
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NAME OF COMMITTEE (In Full)	71	
National Emergency Medicine Political A	ction Committee	
Full Name (Last, First, Middle Initial)		Transaction ID: 23491803
Tuesday Group PAC		Date of Disbursement    Mag M
Mailing Address c/o Goeas and Associa 1707 Prince Street, #5	tes	02 13 2008
City Alexandria	State Zip Code VA 22314	Amount of Each Disbursement this Period
Purpose of Disbursement		-5000.00
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Purpose of Disbursement		5000.00
Candidate Name	Ca	tegory/ Гуре
Office Sought:  House Senate President State:  Disbur	sement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Ron Lewis For Congress		Transaction ID: 23491906 Date of Disbursement
Mailing Address PO Box 307		0 2 1 3 2 0 0 8
City	State Zip Code	Amount of Each Disbursement this Perio
Elizabethtown	KY 42702	
Purpose of Disbursement Void - Ron Lewis For Congress		-1000.00
Candidate Name Rep. Ron Lewis	Ca	tegory/ Гуре
Office Sought: X House Disbur Senate President	sement For: 2003  X Primary General  Other (specify)	Void - Ron Lewis For Congress
State: KY District: 02 2008	Primary	

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	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee  Mailing Address P.O. Box 8331						Trans		sburse		_		0 ŏ 8	Y
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Candidate Name Rep. Frank Pallone, Jr.		Cate	egory/ ype								
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	Full Name (Last, First, Middle Initial) Michael Burgess For Congress  Mailing Address PO Box 2334					Trans Date		isburs	_	_		0 ŏ 8	Y
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	Candidate Name Rep. Michael C. Burgess, M.D.			ateg Typ	ory/ e								
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NAME OF COMMITTEE (In Full)			
National Emergency Medicine Political Ad	ction Committee		
Full Name (Last, First, Middle Initial) Jackie Speier For Congress			Transaction ID: 23737110 Date of Disbursement
Mailing Address PO Box 112			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City Burlingame	State Zip Code CA 94011		Amount of Each Disbursement this Period
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Candidate Name Mr. Jackie Speier		Category/ Type	
Office Sought: X House Disburs	sement For: 2003  ( Primary General Other (specify)	.,,,,,	
State: CA District: 12 2008 F	Primary		
Full Name (Last, First, Middle Initial)  Mccotter Congressional Committee			Transaction ID: 23737168 Date of Disbursement
Mailing Address P.O. Box 530788			02
City Livonia	State Zip Code MI 48153		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Rep. Thaddeus G. McCotter		Category/ Type	
Senate	sement For: 2003  K Primary General		
State: MI District: 11 2008 F	☐ Other (specify) ▼ Primary		
Full Name (Last, First, Middle Initial)	·····ary		Transaction ID: 23737184
Andy Harris For Congress			Date of Disbursement
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Candidate Name Andrew Harris		Category/ Type	
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Full Name (Last, First, Middle Initial)  Berkley For Congress			Transaction ID: 23	-
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	State Zip Code NV 89121		Amount of Each Dis	sbursement this Period
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Candidate Name Rep. Shelley Berkley		Category/ Type		
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Citizens To Elect Rick Larsen			Transaction ID: 23 Date of Disburseme	ent
Mailing Address PO Box 326			03 12	<sup>'</sup> 2008 <sup>'</sup>
,	State Zip Code WA 98206		Amount of Each Dis	sbursement this Period
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Candidate Name Rep. Rick Larsen		Category/ Type		
	ment For: 2003 Primary General Other (specify)			
State: WA District: 02 2008 Pr				
Full Name (Last, First, Middle Initial)  Diana Degette For Congress Inc.			Transaction ID: 23	ent
Mailing Address P.O. Box 61337			03 12	2008
	State Zip Code CO 80206		Amount of Each Di	sbursement this Period
Purpose of Disbursement		011		1000.00
Candidate Name Rep. Diana DeGette				
Office Sought:  X House Senate President  Disburse	ment For: 2008 Primary X General Other (specify)	Туре		
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<u>/</u>	Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc								-	: 238 ement	11700	)	
	Mailing Address 607 14th Stree Suite 1434	t Nw Suite 8	800				0 <sup>M</sup> 3	М	D	1 2	Y	žoŏ	8 <sup>Y</sup>
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	Candidate Name Sen. Mary L. Landrieu	1 5			ateg Typ	gory/ pe	_						
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	State: LA District: Full Name (Last, First, Middle Initial)	2008 Prim	nary				Trans	sacti	on ID	: 238	11718	3	
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	Mailing Address 607 14th Stree Suite 800												
	City Washington	Sta D	ate C	Zip Code 20005			Amou	unt of	Each	n Disb		ent this	
	Purpose of Disbursement				01		] L.		•		•	5000.	.00
	Candidate Name				ateg Typ	gory/ oe							
	Office Sought: House Senate President State: District:		ent For: Primary Other (spe	General ecify) ▼									
	Full Name (Last, First, Middle Initial) Betty Sutton For Congress	1					Date	of Di	sburs	ement	11744		
	Mailing Address 1700 W. Marke	et St. #155					0 <sup>M</sup> 3	M	D	1 2	Ľ.	žoŏ	8 <sup>Y</sup>
	City Akron		ate H	Zip Code 44313			Amou	unt of	Each	n Disb	-	ent this	
	Purpose of Disbursement				01		] L.	-	•	-	•	1000.	00
	Candidate Name Rep. Betty Sutton				ateg Typ	gory/ pe							
	Office Sought: X House Senate President		Primary Other (spe	2008 X General ecify) <b>V</b>									
	State: OH District: 13	2008 Gen	ierai										

SCHEDULE B (FEC Form 3X)	Use separate schedule	(5)   /-   -	NUMBER: PAGE 75 / 80
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	e Check only	22 X 23 24 25
		27	28a 28b 28c 29
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	Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: 24010736
Texans For Senator John Cornyn Inc			Date of Disbursement  O 3
Mailing Address 6850 Austin Centre Suite 180			03 7 26 7 2008
City Austin	State Zip Code TX 78731		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name Sen. John Cornyn		011 Category/	
	oursement For: 2008	Туре	
Office Sought: House Dis	Primary X Genera	al	
President	Other (specify)		
State: TX District: 200	08 General		
Full Name (Last, First, Middle Initial)			Transaction ID: 24010740
Heather Wilson For Senate			Date of Disbursement
Mailing Address P.O. Box 14070			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & N \\ 2 & O & N & N \end{bmatrix}$
City Albuquerque	State Zip Code NM 87191		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Rep. Heather A. Wilson		Category/ Type	
Office Sought: X House Dis	oursement For: 2003	7.	
Senate	X Primary Genera	al	
State: NM District: 01 200	Other (specify) <b>V</b> Other (specify) <b>V</b>		
Full Name (Last, First, Middle Initial)	oo i iiiiai y		Transaction ID: 24010731
Norm Coleman For U S Senate			Date of Disbursement
Mailing Address 1412 Energy Park D	rive #11		03
City Saint Paul	State Zip Code MN 55108		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
		011	
Candidate Name Mr. Norm Coleman		Category/ Type	
Office Sought: House Dis	oursement For: 2008 Primary X Genera	al	
	Other (specify)		
President		I	
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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or for commercial purposes, other than using the name	and address of any political	Committee to soi	icit contributions from such committee
NAME OF COMMITTEE (In Full)  National Emergency Medicine Political Action	on Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: 24010640
Tim Bishop For Congress			Date of Disbursement
Mailing Address PO Box 437			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & \check{Y} & \check{Y} & \check{Y} \\ 2 & 0 & 0 & 8 \end{bmatrix}^Y$
	State Zip Code NY 11738		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Timothy Bishop		Category/ Type	
President	Primary General Other (specify) ▼		
State: NY District: 01 2008 Pri	mary		
Full Name (Last, First, Middle Initial) Giffords For Congress			Transaction ID: 24010644 Date of Disbursement
Mailing Address PO Box 12886			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & 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 & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} $
	State Zip Code AZ 85732		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Gabrielle Giffords		Category/ Type	
	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Transaction ID: 24010649
Friends Of Mark Warner			Date of Disbursement
Mailing Address 1029 North Royal Street 2	?nd Fl		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \  \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & E \end{smallmatrix} \end{bmatrix} \  \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & O & N \end{smallmatrix} \end{bmatrix} \  \                 $
	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Mark Warner		Category/ Type	
President	Primary General Other (specify) ▼		
State: VA District: 2008 Pri	•		4500.00
SUBTOTAL of Disbursements This Page (optional)			4500.00
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SCHEDULE B (FEC Form 3X)	Llas caparete cabadula(a)	FOR LINE N	NUMBER: PAGE 77 / 80					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	· —	, _				
	Detailed Summary Page	21b   27	22 X 23	3 3b	24 28c	Н	25 29	26 30b
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or for commercial purposes, other than using the name	e and address of any political co	mmittee to soli	cit contribution	s fron	n such c	omn	nittee	
NAME OF COMMITTEE (In Full)  National Emergency Medicine Political Act	ion Committoo							
National Emergency Medicine Folitical Act	ion Committee							
Full Name (Last, First, Middle Initial)			Transaction	I <b>D</b> : 2	40106	51		
Paul Hodes For Congress			Date of Disb				* \	
Mailing Address 26 South Main Street, #2	53		03 /	26	8 / Y	ž	οŏε	3
City Concord	State Zip Code NH 03301		Amount of E	ach D	isburse	ment	this F	Period
Purpose of Disbursement		011				10	0.00	0
Candidate Name Rep. Paul W. Hodes		Category/ Type						
9 2	ment For: 2003 Primary General Other (specify)							
State: NH District: 02 2008 P								
Full Name (Last, First, Middle Initial)			Transaction	I <b>D</b> : 2	40106	42		
Cathy Mcmorris For Congress			Date of Disb				· V ·	V
Mailing Address Box 137			03 /	26		2	οŏε	
•	State Zip Code WA 99210		Amount of E	ach D	isburse	ment	this F	Period
Spokane Purpose of Disbursement	VVA 99210					10	0.00	0
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Candidate Name Rep. Cathy McMorris Rodgers		Category/ Type						
	ment For: 2003	Турс						
	Primary General							
State: WA District: 05 2008 P	Other (specify)							
Full Name (Last, First, Middle Initial)	ппагу		Transaction	ID. O	40106	1 E		
David Davis Victory Fund			Date of Disb			45		
Mailing Address PO Box 781			0 3 M	26	) / Y	ž	0 ŏ 8	Y
Maining Address PO Box 761								
City Johnson City	State Zip Code TN 37605		Amount of E	ach D	isburse	ment	this F	Period
Purpose of Disbursement	37003					10	0.00	0
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Candidate Name Rep. David Davis		Category/ Type						
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Senate X	Primary General							
State: TN District: 01 2008 P	Other (specify)   imary							
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NAME OF COMMITTEE (In Full)  National Emergency Medicine Political Acti	on Committee		
Full Name (Last, First, Middle Initial) Sestak For Congress  Mailing Address P.O. Box 16			Transaction ID: 24010729 Date of Disbursement  DD DD DD Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code PA 19063	044	Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Joe Sestak		011 Category/ Type	
	ment For: 2003 Primary General Other (specify)  imary		
Full Name (Last, First, Middle Initial) Pat Roberts For Senate  Mailing Address PO Box 433			Transaction ID: 24125456 Date of Disbursement
City	State Zip Code KS 67530		Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name Sen. Pat Roberts		011 Category/ Type	2500.00
Office Sought:  House  X Senate  President  Disburse	ment For: 2008 Primary X General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	3500.00
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State: KS

District:

2008 General

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25 2 28a 28b 28c X 29 3
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  National Emergency Medicine Political Action	· · ·		on contained from coort contained
Full Name (Last, First, Middle Initial) CHASE BANK			Transaction ID: 23092801 Date of Disbursement
Mailing Address 545 EAST JOHN CARPE	NTER FRWY		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ I & G \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{smallmatrix} \end{bmatrix} $
IRÝING	State Zip Code TX 75062		Amount of Each Disbursement this Period
Purpose of Disbursement 2007 FIT Candidate Name		001 Category/	5583.00
	ment For: Primary General Other (specify)	Туре	2007 FIT
Full Name (Last, First, Middle Initial) CHASE BANK			Transaction ID: 24231850 Date of Disbursement
Mailing Address 545 EAST JOHN CARPE	NTER FRWY		01 31 2008
•	State Zip Code TX 75062		Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name		001 Category/ Type	645.40
	ment For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) CHASE BANK			Transaction ID: 24231853 Date of Disbursement
Mailing Address 545 EAST JOHN CARPE	NTER FRWY		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & R \end{smallmatrix} \end{bmatrix} $
	State Zip Code TX 75062		Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name		001 Category/	454.62
	ment For: Primary General Other (specify)	Туре	
SUBTOTAL of Disbursements This Page (optional)			6683.02
TOTAL This Period (last page this line number only) .			

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	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	110111=111
	y Information copied from such Reports and Stat for commercial purposes, other than using the na			· ·
$\rangle$	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political A	ction Committee		
	Full Name (Last, First, Middle Initial) CHASE BANK  Mailing Address 545 EAST JOHN CAR	PENTER FRWY		Transaction ID: 24231854 Date of Disbursement  M 3 M / D 3 D / Y Y Y O O 8
	City IRVING Purpose of Disbursement	State Zip Code TX 75062	001	Amount of Each Disbursement this Period 382.14
	Candidate Name		Category/ Type	
	Senate President	rsement For: Primary General Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	382.14
TOTAL This Period (last page this line number only)	<b></b>	7065.16