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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Oth	er Than An Auth	orized Comn	nittee		Office Use Only
1. NAME OF COMMITTEE (in full)		MAILING LABEL OR PRINT	Example:If ty over the lines			
National Emergency Me						
	1 1 1 1 1	1 1 1 1 1 1	1 1 1 1	1 1 1 1 1	1 1 1 1	
ADDRESS (number and stree	et) 1125 E	Executive Circle				
Check if different than previously reported. (ACC)	Irving				TX	75038
2. FEC IDENTIFICATION	NUMBER 1	CITY	A		STATEA	ZIPCODE 🛕
C00140061		3. IS RE	THIS X	NEW (N) OR	AME (A)	ENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports April 15 Quarterly Reports July 15 Quarterly Reports October 15 Quarterly Reports X Quarterly Report(Non-eyear Only) (Non-eyear Only) (coort(Q1) (coort(Q2) coort(Q3) coort(YE) (dar election //Y)	Apr 2 12-Day PRE-Election Report for the: Election	General	on (12C)	Sep 2	in the State of
5. Covering Period	07	2009	through	gh 12	31	2009
Type or Print Name of Treas Signature of Treasurer		s Edans, CPA, CAE			and complete. Date 0 1	25 2010
NOTE : Submission of false	e, erroneous, or in	ncomplete information	may subject the p	person signing th	is Report to the p	penalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 474

Write or Type Committee Name National Emergency Medicine Political Action Committee

FEC Form 3X (Rev. 02/2003)

D D 07 0 1 2009 12 31 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 464642.03 January 1 (b) Cash on Hand at 552005.97 Begining of Reporting Period 557548.32 1026319.22 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1109554.29 1490961.25 6(a) and 6(c) for Column B) 294333.77 675740.73 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 815220.52 815220.52 (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

Schedule C and/or Schedule D)

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

For further information contact:

0.00

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 474

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

м м 0 7 01

2009

то.

м м 1 2 D D 31

^Y ^Y ^Y ^Y 2009

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	339081.35	592564.49
	(ii) Unitemized	217469.33	432126.01
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	556550.68	1024690.50
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	556550.68	1024690.50
	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	950.00	950.00
	Other Federal Receipts (Dividends, Interest, etc.)	47.64	678.72
-	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
((c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Fotal Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	557548.32	1026319.22
	Total Federal Receipts subtract Line 18(c) from Line 19)	557548.32	1026319.22

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 474

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		1
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(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))	0.00	0.00
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	285500.00	655000.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	700.00	700.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	700.00	700.00
	(add Lines 20(a), (b), and (c))	* * * * * * * * * * * * * * * * * * * *	0 0 0 0 0 0 0
9.	Other Disbursements	8133.77	20040.73
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	294333.77	675740.73
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	294333.77	675740.73

DETAILED SUMMARY PAGE

of Disbursements

5 / 474

FEC Form 3X (Rev. 02/2003)		5 / 474
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)	556550.68	1024690.50
34. Total Contribution Refunds (from Line 28(d))	700.00	700.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	555850.68	1023990.50
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

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for com	nation copied from such Reports and St mercial purposes, other than using the OF COMMITTEE (In Full) nal Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing City Gross FEC IE federal	me (Last, First, Middle Initial) R R Abuel Address 909 Ballantyne Rd S Pointe Shore O number of contributing political committee.	State MI	Zip Code 48236-1217	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receip	of Employer Med Spec PC It For: Primary		n ocy Physician e Year-to-Date ▼ 500.00	
John A	nme (Last, First, Middle Initial) gee Address 2507 Shannon Dr	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
federal	raiso number of contributing political committee. of Employer Meml Hosp ED	C Occupation	46383-2447	Amount of Each Receipt this Period 250.00
Receip			acy Physician • Year-to-Date ▼ 250.00]
James	ume (Last, First, Middle Initial) B B Aiken Address 81 Yosemite Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C764046
FEC ID	Orleans Onumber of contributing political committee.	C	70131-8661	Amount of Each Receipt this Period 100.00
Name of Dr. Jar	of Employer nes B Aiken	Occupation	n ncy Physician	7
	rt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
SUBTOT	AL of Receipts This Page (optional)		·····	850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 474 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and addi	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Vijay Akkapeddi Mailing Address 9 private lovett court City blauvelt FEC ID number of contributing federal political committee. Name of Employer emergency medical associates, NJ PC Receipt For: Primary General	State NY C Occupation physician Aggregate	Zip Code 10913-1247 Year-to-Date ▼	Date of Receipt 0 9 3 0 2 0 0 9 Transaction ID: C786996 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mark Austin Austin Alderdice Mailing Address PO Box 1198 City Inverness FEC ID number of contributing federal political committee.	State CA	Zip Code 94937-1198	Date of Receipt 0 7 3 0 2 0 0 9 Transaction ID: C761856 Amount of Each Receipt this Period 367.65
Name of Employer California Emer Phys Receipt For: Primary General Other (specify) ▼	, '	ey Physician Year-to-Date ▼ 563.65	
Full Name (Last, First, Middle Initial) Mark Austin Austin Alderdice Mailing Address PO Box 1198 City Inverness FEC ID number of contributing federal political committee.	State CA	Zip Code 94937-1198	Date of Receipt 1 1 1 8 2 0 0 9 Transaction ID: C807093 Amount of Each Receipt this Period 96.00
Name of Employer California Emer Phys Receipt For: Primary General Other (specify)	, ' 	ey Physician Year-to-Date ▼ 563.65	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		963.65

NAME OF COMMITTEE (in Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) John R R Allegra Mailing Address 7 Valley View Drive City State Zip Code Montville NJ 07045-9601 FEC ID number of contributing federal political Associates of NJ. Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Full Name of Employer Employer Employer City State Zip Code NJ 07928 FEC ID number of contributing Physician FEC ID number of contributing City State Zip Code NJ 07928 Full Name (Last, First, Middle Initial) NJ 07928 Full Name of Employer Cocupation physician FEC ID number of contributing federal political committee. Name of Employer Cocupation physician Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
A. John R A Allegra Mailing Address 7 Valley View Drive City City State Zip Code Nul 207045-9901 FEC ID number of contributing federal political committee. Name of Employer Emergency Medical Association of Nul 207045-9901 Transaction ID: C759961 Anount of Each Receipt this Period 600.00 Anount of Each Receipt this Period 600.00 Date of Receipt Anount of Each Receipt this Period 600.00 Date of Receipt Anount of Each Receipt this Period 700.00 Date of Receipt Anount of Each Receipt this Period 700.00 Date of Receipt Anount of Each Receipt this Period 700.00 Date of Receipt Transaction ID: C786978 Anount of Each Receipt this Period 700.00 Date of Receipt Nul 7938 Anount of Each Receipt this Period Transaction ID: C786978 Anount of Each Receipt this Period Date of Receipt Nul 7938 Anount of Each Receipt this Period Transaction ID: C796978 Anount of Each Receipt this Period C 250.00 Date of Receipt Transaction ID: C796978 Anount of Each Receipt this Period Date of Receipt Transaction ID: C796978 Anount of Each Receipt this Period Date of Receipt Transaction ID: C796978 Anount of Each Receipt this Period Date of Receipt Transaction ID: C796978 Anount of Each Receipt this Period Transaction ID: C796978 Anount of Each Receipt this Period Transaction ID: C796978 Anount of Each Receipt this Period Transaction ID: C791384 Anount of Each Receipt this Period C C Cocupation Emergency Physician Receipt For: Primary General Other (specify) Aggregate Year-to-Date Aggregat	7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	solicit contributions from such committee.
City MontVille FEC ID number of contributing federal political committee. Name of Employer Emergency Medical Associates of NJ. Full Name (Last, First, Middle Initial) Malling Address 11 willow way City Charles of Employer Emergency Medical Associates of NJ. Full Name (Last, First, Middle Initial) Winta M alimeida Malling Address 11 willow way City Charles of Employer Emergency Medical Associates of NJ. Full Name (Last, First, Middle Initial) Winta M alimeida Malling Address 11 willow way City Charles of Receipt NJ. 07928 FEC ID number of contributing federal political committee. C	∠ A .	John R R Allegra			-
Montville FEC ID number of contributing federal political committee. Name of Employer Emergency Medical Associates of NJ. Receipt For: Primary General Other (specify) ▼		waiiiig Address / Valley View Drive			07 22 2009
FEC ID number of contributing federal political committee. Name of Employer Energency Medical Associates of NJ. Receipt For: □ Primary □ General □ Aggregate Year-to-Date ▼ □ Transaction ID: C786978 Amount of Each Receipt Institution Aggregate Year-to-Date ▼ □ Transaction ID: C786978 Amount of Each Receipt Institution Aggregate Year-to-Date ▼ □ Transaction ID: C786978 Amount of Each Receipt Institution Aggregate Year-to-Date ▼ □ Transaction ID: C786978 Amount of Each Receipt Institution Aggregate Year-to-Date ▼ □ Transaction ID: C786978 Amount of Each Receipt Institution Aggregate Year-to-Date ▼ □ Transaction ID: C796978 Amount of Each Receipt Institution Aggregate Year-to-Date ▼ □ Transaction ID: C791384 Amount of Each Receipt Institution Date of Receipt Institution Date of Receipt Institution Transaction ID: C791384 Amount of Each Receipt Institution Date of Receipt Transaction ID: C791384 Amount of Each Receipt Institution Date of Receipt Date of Receipt Institution Date of Receipt Institution Dat				·	
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Receipt For: Primary General Aggregate Year-to-Date ▼			C		600.00
Primary General Other (specify) ▼ 700.00 Primary Other (specify) ▼		Name of Employer Emergency Medical Associa- tes of NJ			
Mailing Address 11 willow way City State Zip Code Chatham NJ 07928 FEC ID number of contributing federal political committee. Name of Employer EMA City State Zip Code Transaction ID: C786978 Amount of Each Receipt this Period Physician Receipt For: Aggregate Year-to-Date ▼ City State Zip Code Primary General Cherrican Aggregate Year-to-Date ▼ City State Zip Code Mailing Address 55 Talmadge Rd City State Zip Code NJ 07945-1531 FEC ID number of contributing federal political committee. City State Zip Code NJ 07945-1531 FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc Receipt For: Primary General Occupation Emergency Physician Aggregate Year-to-Date ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼		Primary General	Aggregate		
Mailing Address 11 willow way City Chatham NJ 07928 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer EMA Receipt For: Primary Other (specify) ▼ City Marilyn Frances Frances Althoff Mailing Address 55 Talmadge Rd City Mendham NJ 07945-1531 FEC ID number of contributing federal political committee. City Mendham NJ 07945-1531 FEC ID number of contributing federal political committee. Name of Employer EMA City Mendham NJ 07945-1531 FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1450.00	– R				Date of Receipt
City State Zip Code NJ 07928 FEC ID number of contributing federal political committee. Name of Employer EMA Other (specify) ▼ Full Name (Last, First, Middle Initial) Marilyn Frances Frances Althoff Mailing Address 55 Talmadge Rd City State Zip Code NJ 07945-1531 FEC ID number of contributing federal political committee. City State Zip Code NJ 07945-1531 FEC ID number of contributing federal political committee. City State Zip Code NJ 07945-1531 FEC ID number of contributing federal political committee. City State Zip Code NJ 07945-1531 FEC ID number of contributing federal political committee. City State Zip Code NJ 07945-1531 FEC ID number of contributing federal political committee. City State Zip Code NJ 07945-1531 FEC ID number of contributing federal political committee. City State Zip Code NJ 07945-1531 FEC ID number of contributing federal political committee. City State Zip Code NJ 07945-1531 Amount of Each Receipt NJ 07945-1531	J .				M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer EMA Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Marilyn Frances Frances Althoff Mailing Address 55 Talmadge Rd City State Zip Code NJ 07945-1531 FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc Receipt For: Primary General Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ Transaction ID: C791384 Amount of Each Receipt this Period 600.00		City	State	Zip Code	
Name of Employer		chatham	NJ	07928	Amount of Each Receipt this Period
Primary General Other (specify) ▼			C		250.00
Receipt For: Primary General 250.00		Name of Employer EMA			
Marilyn Frances Frances Althoff Mailing Address 55 Talmadge Rd City State Zip Code Mendham NJ 07945-1531 FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc Receipt Tansaction ID: C791384 Amount of Each Receipt this Period 600.00 Cucupation Emergency Physician Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼		Primary General	, ' · · ·	Year-to-Date ▼	
City Mendham NJ O7945-1531 FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc Receipt For: Primary Other (specify) ▼ State Zip Code NJ O7945-1531 Amount of Each Receipt this Period Footomore this Period C Aggregate Year-to-Date 700.00	- C.		1		Date of Receipt
Mendham NJ 07945-1531 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 600.00 Name of Employer Emer Med Assoc Occupation Emergency Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		Mailing Address 55 Talmadge Rd			
FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc Receipt For: Primary General Other (specify) Aggregate Year-to-Date 700.00		•		·	
Name of Employer Emer Med Assoc Receipt For: Primary Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date ▼ 700.00			NJ	07945-1531	Amount of Each Receipt this Period
Receipt For: Primary Other (specify) Aggregate Year-to-Date 700.00			C		600.00
Primary General Other (specify) ▼ 700.00		Name of Employer Emer Med Assoc			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			1450.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 474 (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	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Christopher S Amato Mailing Address 509 Primrose Court			Date of Receipt 0 9
	City Palla Mand	State NJ	Zip Code	Transaction ID: C780219
	Belle Mead FEC ID number of contributing federal political committee.	C	08502-6439	Amount of Each Receipt this Period 700.00
	Name of Employer Emergency Medical Associa- tes of NJ Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Physicia Aggregate		
3.	Full Name (Last, First, Middle Initial) Michael John Ameres Mailing Address 60 Highview Dr	ı		Date of Receipt 0 8 0 5 2 0 0 9
	City	State	Zip Code	Transaction ID: C776704
	Sag Harbor FEC ID number of contributing federal political committee.	NY C	11963-2904	Amount of Each Receipt this Period 500.00
	Name of Employer Southampton Hosp	Occupatio	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' <u> </u>	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Stephen H H Anderson			Date of Receipt
	Mailing Address 29933 First Place S			10 06 2009
	City <u>Federal Way</u>	State WA	Zip Code 98003-4305	Transaction ID: C789494 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Auburn Reg Med Ctr	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	, '	e Year-to-Date ▼ 500.00	
Ę	SUBTOTAL of Receipts This Page (optional) .	1)	1700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 474 (check only one) X 11a
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 persone 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) Steve Scott Andrews Mailing Address 2900 Thomas Ave S City Minneapolis FEC ID number of contributing federal political committee. Name of Employer North Memorial Receipt For: Primary General Other (specify)	#1729 State Zip Code MN 55416 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Steve Scott Andrews Mailing Address 2900 Thomas Ave S City Minneapolis FEC ID number of contributing federal political committee. Name of Employer North Memorial Receipt For: Primary General Other (specify)	#1729 State Zip Code MN 55416 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Paul Anthony Anthony Andrulonis Mailing Address 333 Las Olas Way A 333 Las Olas Way A City Ft Lauderdale FEC ID number of contributing federal political committee. Name of Employer Baptist Hosp of Miami EM Dept Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1100.00

ULE A (FEC Form 3X) ED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
tion copied from such Reports and Statement lercial purposes, other than using the name an	may not be sold or used by any person d address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
DF COMMITTEE (In Full) al Emergency Medicine Political Action	Committee	
ne (Last, First, Middle Initial) nony Anthony Andrulonis		Date of Receipt
Address 333 Las Olas Way Apt 905 333 Las Olas Way Apt 905		10 03 7 2009
Star derdale FL	'	Transaction ID: C802088
number of contributing olitical committee.	33301-4300	Amount of Each Receipt this Period 700.00
Hosp of Miami EM Eme	oation rgency Physician rgate Year-to-Date 1000.00	
ne (Last, First, Middle Initial) nony Anthony Andrulonis Address 333 Las Olas Way Apt 905		Date of Receipt
333 Las Olas Way Apt 905		11 1 2009
Stat	'	Transaction ID: C803447
number of contributing iolitical committee.	33301-4300	Amount of Each Receipt this Period 700.00
Joon of Miomi EM	oation gency Physician	
For: Imary General ther (specify) ♥	egate Year-to-Date ▼ 1000.00	
ne (Last, First, Middle Initial) nony Anthony Andrulonis		Date of Receipt
Address 333 Las Olas Way Apt 905 333 Las Olas Way Apt 905		11 11 2009
Stat	'	Transaction ID: C803448
derdale FL number of contributing olitical committee.	33301-4300	Amount of Each Receipt this Period -700.00
Hosp of Miami EM Eme	pation gency Physician	
For: imary General her (specify) ▼	egate Year-to-Date ▼ 1000.00	
L 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 12 / 474 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Bradley L L Anglemyer		Date of Receipt
Mailing Address 1133 Metropolitan Av		07 22 2009
City Charlotte	State Zip Code NC 28204-3401	Transaction ID: C760001 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. Bradley L Anglemyer	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) James V V Antinori		Date of Receipt
Mailing Address 3060 Oak Rim Ln		10 04 2009
City	State Zip Code	Transaction ID: C787820
Park City FEC ID number of contributing federal political committee.	UT 84060-6803	Amount of Each Receipt this Period 1000.00
Name of Employer EPIC LLC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Jimmie R Appel, Jr		Date of Receipt
Mailing Address PO Box 7846		09 30 2009
City Amarillo	State Zip Code TX 79114-7846	Transaction ID: C787005
FEC ID number of contributing federal political committee.	TX 79114-7846	Amount of Each Receipt this Period 250.00
Name of Employer Dr. Jimmie R Appel, Jr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 474 (check only one) X
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) ational Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions
Tir Ma — Cit	Ill Name (Last, First, Middle Initial) mothy F F Archer ailing Address SQ-13 Lake Cherokee ty enderson	State TX	Zip Code 75652-9456	Date of Receipt 0 7 2 7 2 0 0 9 Transaction ID: C761155
FE fec	EC ID number of contributing deral political committee.	C	73032-9430	Amount of Each Receipt this Period 500.00
_	eceipt For: Primary Other (specify)		nocy Physician e Year-to-Date 500.00	
Jo	Ill Name (Last, First, Middle Initial) shua S S Ardise ailing Address 16 Powderhorn Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	ty	State	Zip Code	Transaction ID: C804556
<u>Fl</u>	emington	NJ	08822-7137	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
	ame of Employer r. Joshua S Ardise	Occupation Emergen	n ncy Physician	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	ıll Name (Last, First, Middle Initial) ahim Ardolic			Date of Receipt
Ma	ailing Address 475 Seaview Ave			10 06 7 9 9
Cit		State	Zip Code	Transaction ID: C789526
FE	taten Island EC ID number of contributing deral political committee.	C	10305-3436	Amount of Each Receipt this Period 1000.00
<u>of</u>	ame of Employer aten Island Univ Dept EM eceipt For:	. '	n ncy Physician e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	1000.00	
CLIB	TOTAL of Receipts This Page (optional)	<u>I</u>		1750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
An or i	y information copied from such Reports and S or 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 oscilcit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
	Full Name (Last, First, Middle Initial) Robert David David Argand			Date of Receipt
	Mailing Address 3321 Plateau Dr			07 30 YYYY 2009
	City	State	Zip Code	Transaction ID: C761798
	Belmont	CA	94002-1311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Dr. Robert David Argand	Occupatio Emergen	n Icy Physician	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
	Full Name (Last, First, Middle Initial) Robert D D Arnce, Jr	<u>I</u>		Date of Receipt
	Mailing Address 1225 W Fountain 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: C764045
	<u>Joplin</u>	MO	64801-7329	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Robert D Arnce, Jr	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Jeffrey L L Arnold			Date of Receipt
	Mailing Address 460 Twin Pines 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: C761836
	Scotts Valley	CA	95066-3920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		367.65
	Name of Employer Dr. Jeffrey L Arnold	Occupatio Emergen	n Icy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 463.65	

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	for each category of the	(check drily drie)
	Detailed Summary Page	13 14 15 16 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any the name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	! A-ti Oitt	
National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Jeffrey L L Arnold		Date of Receipt
Mailing Address 460 Twin Pines Dr		M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 8 2 0 0 9
City	State Zip Code	Transaction ID: C807196
Scotts Valley	CA 95066-3920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.00
Name of Employer Dr. Jeffrey L'Arnold	Occupation	
	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	463.6	5
Full Name (Last, First, Middle Initial) Crystal Arthur	l	Date of Receipt
Mailing Address 906 Rowland		07 30 2009
City	State Zip Code	Transaction ID: C761756
<u>Leonard</u>	MI 48367-2212	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 Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.0	0 .
Full Name (Last, First, Middle Initial) Crystal Arthur		Date of Receipt
Mailing Address 906 Rowland		09 28 2009
City	State Zip Code	Transaction ID: C785420
Leonard	MI 48367-2212	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 Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.0	0
		596.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) National Emergency Medicine F	s and Statements may not be sold or used by any perso sing the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bruce S S Auerbach Mailing Address 8 Saddle Club F City Lexington FEC ID number of contributing federal political committee. Name of Employer Sturdy Meml Hosp Receipt For:	State Zip Code MA 02420-2115 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bruce S S Auerbach Mailing Address 8 Saddle Club F	1300.00	Date of Receipt
City Lexington FEC ID number of contributing federal political committee. Name of Employer Sturdy Meml Hosp Receipt For: Primary General	State Zip Code MA 02420-2115 C Occupation Emergency Physician Aggregate Year-to-Date	Transaction ID: C773679 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Bruce S S Auerbach Mailing Address 8 Saddle Club F City Lexington	1300.00 Rd State Zip Code MA 02420-2115	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Sturdy Meml Hosp Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 1300.00	100.00
	ional)	300.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Po	and Statements may not be sold or used by any person the name and address of any political committee to dilitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bruce S S Auerbach Mailing Address 8 Saddle Club Ro City Lexington FEC ID number of contributing federal political committee. Name of Employer Sturdy Meml Hosp	State Zip Code MA 02420-2115 C Occupation	Date of Receipt M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) Bruce S S Auerbach Mailing Address 8 Saddle Club Ro City Lexington	State Zip Code MA 02420-2115	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Sturdy Meml Hosp Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date	Amount of Each Receipt this Period 100.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bruce S S Auerbach Mailing Address 8 Saddle Club Ro	1300.00	Date of Receipt
City Lexington FEC ID number of contributing federal political committee.	State Zip Code MA 02420-2115 C	Transaction ID: C808465 Amount of Each Receipt this Period 100.00
Name of Employer Sturdy Meml Hosp Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 1300.00	
SUBTOTAL of Receipts This Page (option	nal)	300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(,)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 474 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics National Emergency Medicine Politics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bruce S S Auerbach Mailing Address 8 Saddle Club Rd			Date of Receipt 1 2 2 2 2 0 0 9
City Lexington FEC ID number of contributing	State MA	Zip Code 02420-2115	Transaction ID: C819464 Amount of Each Receipt this Period 100.00
Receipt For: Primary Other (specify)	Occupatio Emerger	n ncy Physician e Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) Rashid J J Baddoura Mailing Address 120 Heights Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ridgewood FEC ID number of contributing federal political committee.	State NJ	Zip Code 07450-2412	Transaction ID: C761291 Amount of Each Receipt this Period 1000.00
Name of Employer Valley Hospital Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) David Michael Michael Baker Mailing Address 7244 Silver Spur Tr			Date of Receipt
City Fair Oaks Ranch FEC ID number of contributing	State TX	Zip Code 78015-4213	Transaction ID: C760990 Amount of Each Receipt this Period
federal political committee. Name of Employer Dr. David Michael Baker	Occupatio Emergen	n ncy Physician	500.00
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona		_	1600.00

IMITTEE (In Full) Irgency Medicine Political A First, Middle Initial) 34 Puukani Pl of contributing committee. Irrectir General ecify) First, Middle Initial)	Action Committee State Zip Code HI 96734-2928 C Occupation Emergency Physician Aggregate Year-to-Date 300.00	Date of Receipt M M M O G 2009 Transaction ID: C789515 Amount of Each Receipt this Period 200.00
rgency Medicine Political A , First, Middle Initial) 34 Puukani Pl of contributing committee. ver Ctr General ecify) First, Middle Initial)	State Zip Code HI 96734-2928 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Transaction ID: C789515 Amount of Each Receipt this Period 200.00
34 Puukani PI of contributing committee. ver Ctr General ecify) ▼	HI 96734-2928 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Transaction ID: C789515 Amount of Each Receipt this Period 200.00
of contributing committee. //er Ctr General ecify) First, Middle Initial)	HI 96734-2928 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Transaction ID: C789515 Amount of Each Receipt this Period 200.00
committee. //er Ctr General ecify) ▼ First, Middle Initial)	HI 96734-2928 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 200.00
committee. //er Ctr General ecify) ▼ First, Middle Initial)	Occupation Emergency Physician Aggregate Year-to-Date	200.00
committee. //er Ctr General ecify) ▼ First, Middle Initial)	Occupation Emergency Physician Aggregate Year-to-Date ▼	
General ecify) ▼ First, Middle Initial)	Emergency Physician Aggregate Year-to-Date ▼	
ecify) ▼ First, Middle Initial)	Aggregate Year-to-Date ▼	
ecify) ▼ First, Middle Initial)		
		Date of Receipt
2823 Aspen Rd		0 8 2 5 2 0 0 9
	State Zip Code	Transaction ID: C770767
	WI 54501-8563	Amount of Each Receipt this Period
of contributing committee.	C	150.00
ver	Occupation Emergency Physician	
General ecify) ▼	Aggregate Year-to-Date ▼ 400.00	
, First, Middle Initial)		Date of Receipt
7101 Hillcrest Dr		07 30 2009
	State Zip Code	Transaction ID: C761866
	CA 95356-8876	Amount of Each Receipt this Period
of contributing committee.	C	367.65
/er	Occupation Emergency Physician	
ndica	Aggregate Year-to-Date ▼ 463.65	
0	r dica General	f contributing mmittee. C Occupation Emergency Physician Aggregate Year-to-Date

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any person to the name and address of any political committee to tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Barandica Mailing Address 7101 Hillcrest Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Modesto	State Zip Code CA 95356-8876	Transaction ID: C807104 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.00
Name of Employer Dr. Robert Barandica Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) Tamera Counts Counts Barnes Mailing Address 14541 Sarum Ter		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Midlothian FEC ID number of contributing federal political committee.	State Zip Code VA 23113-6047	Transaction ID: C787870 Amount of Each Receipt this Period 100.00
Name of Employer Henrico Doctor's Hospital	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Tamera Counts Counts Barnes		Date of Receipt
Mailing Address 14541 Sarum Ter City	State Zip Code	11 30 2009
<u>Midlothian</u>	VA 23113-6047	Transaction ID: C810240 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Henrico Doctor's Hospital	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	al)	296.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 474 (check only one) X
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1.	Full Name (Last, First, Middle Initial) Famera Counts Counts Barnes Mailing Address 14541 Sarum Ter City	State	Zip Code	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: C839114
- I	Midlothian FEC ID number of contributing ederal political committee.	C	23113-6047	Amount of Each Receipt this Period 100.00
_	Name of Employer Henrico Doctor's Hospital Receipt For: Primary General Other (specify)	,	n ncy Physician e Year-to-Date ▼ 300.00	
3. <u> </u>	Full Name (Last, First, Middle Initial) Brien Alfred Alfred Barnewolt Mailing Address 68 Greenlawn Ave	•		Date of Receipt 0 7 3 0 2 0 0 9
_	Dity Newton	State MA	Zip Code 02459-1714	Transaction ID: C761723 Amount of Each Receipt this Period
f -	FEC ID number of contributing ederal political committee. Name of Employer	Occupatio	n	100.00
_	Name of Employer Fufts Med Ctr Receipt For: Primary General Other (specify)	Emergen	e Year-to-Date ▼ 1750.00	
. !	Full Name (Last, First, Middle Initial) Brien Alfred Alfred Barnewolt Mailing Address 68 Greenlawn Ave			Date of Receipt
-	Dity	State	Zip Code	0 8 2 8 2 0 0 9 Transaction ID: C773678
- I	Newton FEC ID number of contributing ederal political committee.	MA C	02459-1714	Amount of Each Receipt this Period 100.00
į	Name of Employer Fufts Med Ctr	Occupatio Emerger	n ncy Physician	
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	
su	BTOTAL of Receipts This Page (optional)			300.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 22 / 474 (check only one)
			Detailed Summary Page	13 14 15 16 17
or for con	mation copied from such Reports and Statement and Statement of the national purposes, other than using the national statement of the statement	atements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	OF COMMITTEE (In Full) Inal Emergency Medicine Political <i>F</i>	Action Com	nmittee	
	ame (Last, First, Middle Initial) Alfred Alfred Barnewolt			Date of Receipt
Mailin	g Address 68 Greenlawn Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C785419
<u>Newt</u>	on	MA	02459-1714	Amount of Each Receipt this Period
	D number of contributing I political committee.	С		100.00
Name Tufts	of Employer Med Ctr	Occupation Emergen	n cy Physician	
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	
	ame (Last, First, Middle Initial) Alfred Alfred Barnewolt			Date of Receipt
Mailin	g Address 68 Greenlawn Ave			10 03 YYYYY 2009
City		State	Zip Code	Transaction ID: C802029
<u>Newt</u>		MA	02459-1714	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		250.00
Name Tufts	of Employer Med Ctr	Occupation Emergen	n cy Physician	
	ot For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1750.00	
	(1 // t	0 0	0 0 0 0 0 0 0	1
	ame (Last, First, Middle Initial) Alfred Alfred Barnewolt			Date of Receipt
Mailin	g Address 68 Greenlawn Ave			10 04 2009
City <u>Newt</u>	on	State MA	Zip Code 02459-1714	Transaction ID: C787837 Amount of Each Receipt this Period
	D number of contributing I political committee.	C		600.00
Name Tufts	of Employer Med Ctr	Occupation Emergen	n cy Physician	
	ot For: Primary General Other (specify) ▼		Year-to-Date ▼ 1750.00	
SUBTO	TAL of Receipts This Page (optional)			950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	I Statements may not be sold or used by any person the name and address of any political committee to sold Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Louis Louis Barricella		Date of Receipt
Mailing Address 712 Grove Ave		08 03 2009
City	State Zip Code	Transaction ID: C763174
Cliffside Park	NJ 07010-2008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. Robert Louis Barricel- la	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Robert Louis Louis Barricella		Date of Receipt
Mailing Address 712 Grove Ave		09 14 2009
City	State Zip Code	Transaction ID: C778583
Cliffside Park	NJ 07010-2008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dr. Robert Louis Barricel- la	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Carrie Ann Ann Barton		Date of Receipt
Mailing Address 8715 Hassett Rd		0 7 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C747359
Oklahoma City	OK 73131-4060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Norman Regional Hospital	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		600.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any persor g the name and address of any political committee to sitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Melissa Ann Ann Barton Mailing Address 510 W 4th St		Date of Receipt
City	State Zip Code	0 7 2 2 2 0 0 9 Transaction ID: C760014
Royal Oak FEC ID number of contributing federal political committee.	MI 48067-2402	Amount of Each Receipt this Period 1000.00
Name of Employer Sinai-Grace Hosp Receipt For:	Occupation Emergency Physician	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Jeffrey H H Bass		Date of Receipt
Mailing Address 1515 Majorca Dr City	State Zip Code	0 7 3 0 2 0 0 9 Transaction ID: C761841
Morgan Hill FEC ID number of contributing federal political committee.	CA 95037-7033	Amount of Each Receipt this Period 367.65
Name of Employer California Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 467.65	
Full Name (Last, First, Middle Initial) Jeffrey H H Bass		Date of Receipt
Mailing Address 1515 Majorca Dr		12 31 2009
City <u>Morgan Hill</u>	State Zip Code CA 95037-7033	Transaction ID: C839078 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer California Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 467.65	
SUBTOTAL of Receipts This Page (option	nal)	1467.65

on copied from such Reports and Straid purposes, other than using the COMMITTEE (In Full) Emergency Medicine Political (Last, First, Middle Initial) chael Bazakis (Idress 2280 Manchester Driver Medicine Political committee) Imployer Health Care (Specify) General (Specify) (Last, First, Middle Initial) (State Zip Code MI 48609 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt Date of Receipt Transaction ID: C785506 Amount of Each Receipt this Period Date of Receipt Date of Receipt
Emergency Medicine Political (Last, First, Middle Initial) chael Bazakis Idress 2280 Manchester Driv umber of contributing itical committee. Employer Health Care or: lary General er (specify) (Last, First, Middle Initial) Bear	State Zip Code MI 48609 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Transaction ID: C785506 Amount of Each Receipt this Period 500.00
chael Bazakis Idress 2280 Manchester Driv Imber of contributing itical committee. Imployer Health Care or: Itary General Iter (specify) (Last, First, Middle Initial) Bear	State Zip Code MI 48609 C Occupation Physician Aggregate Year-to-Date 500.00	Transaction ID: C785506 Amount of Each Receipt this Period 500.00
imber of contributing itical committee. Employer Health Care or: lary General er (specify) (Last, First, Middle Initial) Bear	State Zip Code MI 48609 C Occupation Physician Aggregate Year-to-Date 500.00	Transaction ID: C785506 Amount of Each Receipt this Period 500.00 Date of Receipt
imber of contributing itical committee. Employer Health Care or: eary General er (specify) (Last, First, Middle Initial) Bear	MI 48609 C Occupation Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 500.00 Date of Receipt
imber of contributing itical committee. Employer Health Care or: eary General er (specify) (Last, First, Middle Initial) Bear	Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt
itical committee. imployer Health Care or: lary General or (specify) (Last, First, Middle Initial) Bear	Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt
or: nary General or (specify) (Last, First, Middle Initial) Bear	Physician Aggregate Year-to-Date ▼ 500.00	M M / D D / Y Y Y Y
General er (specify) (Last, First, Middle Initial) Bear	500.00	M M / D D / Y Y Y Y
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dress 5 Donatello		
	State Zip Code	Transaction ID: C761827
ejo	CA 92656-1481	Amount of Each Receipt this Period
umber of contributing itical committee.	C	367.65
mployer egl Med Ctr	Occupation Emergency Physician	
or:	Aggregate Year-to-Date ▼	
ary General er (specify) ♥	588.65	
(Last, First, Middle Initial) Bear	. L	Date of Receipt
dress 5 Donatello		1 1 1 8 2 0 0 9
	State Zip Code	Transaction ID: C815081
ejo	CA 92656-1481	Amount of Each Receipt this Period
umber of contributing itical committee.	C	96.00
Employer egl Med Ctr	Occupation Emergency Physician	
or:	Aggregate Year-to-Date ▼	
	588.65	
ary General er (specify) ♥	1	
i	mber of contributing tical committee. mployer gl Med Ctr r: ary General	mber of contributing tical committee. C C C C C C C C C C C C C

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fc	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 26 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Commit	tee	
Full Name (Last, First, Middle Initial) Brian Bearie			Date of Receipt
Mailing Address 36125 Cherrywood Dr			07 30 7 2009
City	State	Zip Code	Transaction ID: C761820
<u>Yucaipa</u>	CA	92399-5721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		367.65
Name of Employer St Bernardine Med Ctr	Occupation Emergency F	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) Brian Bearie			Date of Receipt
Mailing Address 36125 Cherrywood Dr			M M / D D / Y Y Y Y Y Y Y 1 1 1 1 8 2 0 0 9
City	State	Zip Code	Transaction ID: C807231
Yucaipa	CA	92399-5721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		96.00
Name of Employer St Bernardine Med Ctr	Occupation Emergency F	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) Dennis M M Beck			Date of Receipt
Mailing Address 3033 S Parker Rd Ste 8	800		09 29 7 2009
City		Zip Code	Transaction ID: C785516
Aurora	CO	80014-2938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Beacon Med Svcs	Occupation Emergency F	Physician	
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1463.65

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the Concert only one)
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used be name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
	National Emergency Medicine Politic	al Action Committee	
۸.	Full Name (Last, First, Middle Initial) Marian Bednar Mailing Address 737 E Bethel School	Dd.	Date of Receipt
			07 30 2009
	City Coppell	State Zip Code TX 75019-4188	Transaction ID: C761717 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Presbyterian Hosp Allen	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
	Full Name (Last, First, Middle Initial) Marian Bednar Mailing Address 707 F. Bathal Caland	24	Date of Receipt
	Mailing Address 737 E Bethel School		08 28 2009
	Connell	State Zip Code	Transaction ID: C773672
	Coppell FEC ID number of contributing federal political committee.	TX 75019-4188	Amount of Each Receipt this Period 50.00
	Name of Employer Presbyterian Hosp Allen	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4	50.00
_	Full Name (Last, First, Middle Initial) Marian Bednar		Date of Receipt
	Mailing Address 737 E Bethel School	Rd	09 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: C785418
	Coppell FEC ID number of contributing federal political committee.	TX 75019-4188	Amount of Each Receipt this Period 50.00
	Name of Employer Presbyterian Hosp Allen	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
	UBTOTAL of Receipts This Page (optional)	1	150.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 474 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	g the name and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marian Bednar Mailing Address 737 E Bethel Scho	and Dd		Date of Receipt
City Coppell	State TX	Zip Code 75019-4188	Transaction ID: C798607 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Presbyterian Hosp Allen Receipt For: Primary General Other (specify) ▼		cy Physician Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Marian Bednar Mailing Address 737 E Bethel Scho	ool Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C810233
Coppell	TX	75019-4188	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Presbyterian Hosp Allen		y Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Marian Bednar	•		Date of Receipt
Mailing Address 737 E Bethel Scho	ool Rd		12 31 2009
City	State	Zip Code	Transaction ID: C839126
Coppell FEC ID number of contributing federal political committee.	C	75019-4188	Amount of Each Receipt this Period 50.00
Name of Employer Presbyterian Hosp Allen	Occupation Emergend	cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (option			150.00

or for c	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full)	Statements may		13 14 15 16 17
\	ME OF COMMITTEE (In Full)	name and add	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.
	tional Emergency Medicine Politica	I Action Con	nmittee	
A. Mich	Name (Last, First, Middle Initial) helle Abrams Abrams Beeson			Date of Receipt
City	lling Address 2322 FM 2280	State	Zip Code	09 02 2009
-	eburne	TX	76031-7800	Transaction ID: C776097 Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C		500.00
Nan Har	me of Employer rris Meth Hosp HEB ED	Occupation Emergen	n ncy Physician	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Name (Last, First, Middle Initial) nes Belleza			Date of Receipt
Mail ——	lling Address 6116 Ledgeview Dr			09 14 2009
City		State	Zip Code	Transaction ID: C778571
FEC	ninsula C ID number of contributing eral political committee.	OH	44264	Amount of Each Receipt this Period 900.00
Nan SCI	ne of Employer EP	Occupation ED Phys		
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00	
	Name (Last, First, Middle Initial)	1		Date of Receipt
Mail	ling Address 27 Duggan Dr			08 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C769300
FEC	amingham C ID number of contributing eral political committee.	C	01702-6109	Amount of Each Receipt this Period 250.00
Nan Sou	ne of Employer uth Shore Hosp	Occupation Emergen	n ncy Physician	
Rec	ceipt For: Primary General Other (specify) ▼	, · · · · · · ·	e Year-to-Date ▼ 250.00	
SUBT	OTAL of Receipts This Page (optional)			1650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jacob Benford Mailing Address 110 Vineyard Ct City Aptos FEC ID number of contributing federal political committee. Name of Employer Dr. Jacob Benford Receipt For: Primary General Other (specify)	State Zip Code CA 95003-5850 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 296.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Scott A Bentz Mailing Address 3209 Skycroft Dr. City St. Anthony FEC ID number of contributing federal political committee. Name of Employer EPPA Receipt For: Primary General Other (specify)	State Zip Code MN 55418-2551 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kevin J J Bercik Mailing Address 8552 Pennington Ct City Powell FEC ID number of contributing federal political committee. Name of Employer Marion General Hosp Receipt For: Primary General Other (specify)	State Zip Code OH 43065-9055 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		1196.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 474 (check only one) X
or for	nformation copied from such Reports and Si commercial purposes, other than using the AME OF COMMITTEE (In Full) ational Emergency Medicine Political	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	all Name (Last, First, Middle Initial)	Action Con	millee	
_	seph Bergen ailing Address 133 Old Rd to 9 Acre C	Cor		Date of Receipt 1 0 0 3 2 0 0 9
Ci		State	Zip Code	Transaction ID: C802022
FE	oncord EC ID number of contributing deral political committee.	C	01742-4159	Amount of Each Receipt this Period 250.00
Na Er	ame of Employer merson Hosp	Occupatio Emerger	n ncy Physician	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
8. <u>Ri</u>	ull Name (Last, First, Middle Initial) chard P Berger, MD, FACEP ailing Address 1735 Middlebrook Roa	d		Date of Receipt
Ci	ty	State	Zip Code	0 9 0 3 2 0 0 9 Transaction ID: C776620
<u>B</u>	ound Brook	NJ	08805-1339	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		1000.00
Na Er <u>te</u>	ame of Employer mergency Medical Associa- s	Occupation ED physic		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	ull Name (Last, First, Middle Initial) ndrew I I Bern			Date of Receipt
Ma	ailing Address 9846 NW 18th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci		State	Zip Code	Transaction ID: C761769
FE	oral Spgs EC ID number of contributing deral political committee.	FL C	33071-5826	Amount of Each Receipt this Period 83.33
Na In	ame of Employer phynet Team Hlth	Occupatio Emerger	n ncy Physician	
Re	eceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1083.33	
SUB	TOTAL of Receipts This Page (optional)			1333.33

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
or for co	ormation copied from such Reports and Sommercial purposes, other than using the ME OF COMMITTEE (In Full) ional Emergency Medicine Politica	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Andr	Name (Last, First, Middle Initial) rew I I Bern ng Address 9846 NW 18th St	Ctoto	7 in Code	Date of Receipt M M D D Y Y Y Y Y Y Y
<u>Cor</u> FEC	al Spgs ID number of contributing ral political committee.	State FL	Zip Code 33071-5826	Transaction ID: C773698 Amount of Each Receipt this Period 83.33
	e of Employer ynet Team Hith eipt For: Primary General Other (specify)	- 	n ncy Physician e Year-to-Date ▼ 1083.33	
Andr	Name (Last, First, Middle Initial) ew I I Bern ng Address 9846 NW 18th St			Date of Receipt 0 9 2 8 2 0 0 9
FEC	al Spgs ID number of contributing	State FL	Zip Code 33071-5826	Transaction ID: C785421 Amount of Each Receipt this Period 83.33
Nam Inph	ral political committee. e of Employer ynet Team Hith eipt For: Primary General Other (specify)	,	n ncy Physician e Year-to-Date 1083.33	
Andr	Name (Last, First, Middle Initial) ew I I Bern ng Address 9846 NW 18th St			Date of Receipt 1 0 0 4 2 0 0 9
FEC	al Spgs ID number of contributing	State FL	Zip Code 33071-5826	Transaction ID: C787875 Amount of Each Receipt this Period 83.33
	ral political committee. ne of Employer ynet Team Hlth	Occupatio	n ncy Physician	
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1083.33	
SUBTO	DTAL of Receipts This Page (optional)			249.99

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 474			
ITEMIZED RECEIPTS		for each category of the	(check only one)			
TI EMILED REGEII 10		Detailed Summary Page	X 11a 11b 11c 12			
Any information conicd from such Deports and Ct	otomonto mo	y not be cold or yeard by any nerve	13 14 15 16 17			
Any information copied from such Reports and St or for commercial purposes, other than using the	name and add	rnot be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
National Emergency Medicine Political	Action Com	imittee				
Full Name (Last, First, Middle Initial) Andrew I I Bern			Date of Receipt			
Mailing Address 9846 NW 18th St			10 29 2009			
City	State	Zip Code	Transaction ID: C798590			
Coral Spgs	FL	33071-5826	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		83.37			
Name of Employer Inphynet Team Hith	Occupation Emergen	n cy Physician				
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General		1083.33				
Other (specify) ▼		1003.33				
Full Name (Last, First, Middle Initial)			+			
Andrew I I Bern			Date of Receipt			
Mailing Address 9846 NW 18th St			12 09 2009			
City	State	Zip Code	Transaction ID: C814920			
Coral Spgs	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 Emergen	n cy Physician				
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General		1083.33				
Other (specify)	0 0	1003.33				
Full Name (Last, First, Middle Initial)			+			
Andrew I I Bern			Date of Receipt			
Mailing Address 9846 NW 18th St			12 31 2009			
City	State	Zip Code	Transaction ID: C839117			
Coral Spgs	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 Emergen	n cy Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1083.33				
SUBTOTAL of Receipts This Page (optional)			250.03			

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politic	al Action Con	nmittee	
۷.	Full Name (Last, First, Middle Initial) Benjamin Bernstein			Date of Receipt
	Mailing Address 4 South St City	State	Zip Code	08 23 2009
	Great Neck	NY	21p Code 11023-1219	Transaction ID: C770008 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Emergency Medical Associa- tes	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Benjamin Bernstein Mailing Address 4 South St			Date of Receipt
				08 23 2009
	City Great Neck	State NY	Zip Code 11023-1219	Transaction ID: C770009 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	11020 1210	1000.00
	Name of Employer Emergency Medical Associa- tes	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
_).	Full Name (Last, First, Middle Initial) Kiran Beyer			Date of Receipt
	Mailing Address 3337 SE Alder St			07 28 2009
	City Portland	State OR	Zip Code 97214-3121	Transaction ID: C761225
	FEC ID number of contributing federal political committee.	C	9/214-3121	Amount of Each Receipt this Period 250.00
	Name of Employer NW Acute Caré Spec	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			2250.00
	TOTAL This Period (last page this line numbe	er only)		

City State Zip Code	SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Date of Receipt Date of R	or for commercial purposes, other than NAME OF COMMITTEE (In Full)	using the name and address of any political committee to	solicit contributions from such committee.
City	Stewart E E Bick		-
Carmel IN	Mailing Address 1149 W 116th	Sī	
FEC ID number of contributing federal political committee. Name of Employer Stylincent Hosp & Hith Cre Emergency Physician Gity State Zip Code IN 46932-9512 FEC ID number of contributing federal political committee. Name of Employer Stylincent Hosp & Hith Cre Emergency Physician Stewart E E Bick Mailing Address 1149 W 116th St City State Zip Code IN 46932-9512 FEC ID number of contributing federal political committee. Name of Employer Stylincent Hosp & Hith Cre Citr. Receipt For: Primary General Other (specify) ▼ 350.00 Date of Receipt In 28 / 2009 Transaction ID: C797466 Amount of Each Receipt this Period Table of Receipt In 28 / 2009 Transaction ID: C797466 Amount of Each Receipt this Period Date of Receipt In 28 / 2009 Transaction ID: C797466 Amount of Each Receipt this Period Date of Receipt In 28 / 2009 Transaction ID: C761868 Transaction ID: C761868 Amount of Each Receipt In 2009 Transaction ID: C761868 Amount of Each Receipt In 2009 Transaction ID: C761868 Amount of Each Receipt In 2009 Transaction ID: C761868 Amount of Each Receipt In 2009 Transaction ID: C761868 Amount of Each Receipt In 2009 Transaction ID: C761868 Transaction ID: C76	-		
Sederal political committee. C Cocupation Emergency Physician C Cir. Receipt For: Receipt For: Primary General Ge			
Citr		C	250.00
Citr	Name of Employer St Vincent Hosp & Hlth Cre	· ·	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Stewart E Blick Mailing Address 1149 W 116th St City State Zip Code IN 46032-9512 FEC ID number of contributing federal political committee. Name of Employer St Vincent Hosp & Hith Cre Citr Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Receipt Transaction ID: C797466 Amount of Each Receipt this Period Date of Receipt Transaction ID: C761868 Amount of Each Receipt this Period Carrel Other (specify) ▼ Date of Receipt Transaction ID: C761868 Amount of Each Receipt this Period CA 94507-2148 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer MD Diablo Hospital Medical Citr Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cocupation Emergency Physician Emergency Physician Emergency Physician Emergency Physician Emergency Physician S63.65	<u>Ctr</u>	_	\dashv
Stewart E E Bick Mailing Address 1149 W 116th St City Carmel IN 46032-9512 FEC ID number of contributing federal political committee. Part of Employer St Vincent Hosp & Hith Cre Citr Receipt For: Power of Employer St Vincent Hosp & Hith Cre Citr Receipt For: Power St Vincent Hosp & Hith Cre Citr Receipt	Primary General		
City Carmel IN 46032-9512 FEC ID number of contributing federal political committee. Name of Employer St Vincent Hosp & Hith Cre Citr Receipt For: □ Primary □ General Other (specify) ▼ Name of Employer State Zip Code Emergency Physician City State Zip Code Emergency Physician City State Zip Code Emergency Physician City State Zip Code Amount of Each Receipt this Period Date of Receipt Transaction ID: C797466 Amount of Each Receipt this Period Date of Receipt Transaction ID: C761868 Amount of Each Receipt Transaction ID: C761868 Amount of Each Receipt Transaction ID: C761868 Amount of Each Receipt this Period City State Zip Code Alamo CA 94507-2148 FEC ID number of contributing federal political committee. Citr Receipt For: □ Primary □ General □ Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: C761868 Amount of Each Receipt this Period Citr Receipt For: □ Primary □ General □ Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: C761868 Amount of Each Receipt this Period Transaction ID: C761868 Amount of Each Receipt Special Specia	,		Data of Receipt
City State Zip Code IN 46032-9512 FEC ID number of contributing federal political committee. C	•	St	M M / D D / Y Y Y Y
Carmel IN 46032-9512 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer St Vincent Hosp & Hith Cre Ctr Receipt For:	City	State Zin Code	
Name of Employer St Vincent Hosp & Hith Cre Citr Receipt For:	•		
Ctr Receipt For:		C	100.00
Receipt For: Primary	Name of Employer St Vincent Hosp & HIth Cre Ctr	· · · · · · · · · · · · · · · · · · ·	
David Birdsall Mailing Address 191 La Serena Ave City State Zip Code Alamo CA 94507-2148 FEC ID number of contributing federal political committee. Name of Employer Mt Diablo Hospital Medical Ctr Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: C761868 Amount of Each Receipt this Period CC 367.65	Receipt For: Primary General		
Mailing Address 191 La Serena Ave City State Zip Code Alamo CA 94507-2148 FEC ID number of contributing federal political committee. Name of Employer Mt Diablo Hospital Medical Ctr Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 717.65		L	Date of Receipt
City Alamo CA 94507-2148 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Mt Diablo Hospital Medical Ctr Receipt For: Primary General Other (specify) ▼ State Zip Code CA 94507-2148 Amount of Each Receipt this Period C Ccupation Emergency Physician Aggregate Year-to-Date Aggregate Year-to-Date 563.65	Mailing Address 191 La Serena	Ave	
FEC ID number of contributing federal political committee. Name of Employer Mt Diablo Hospital Medical Ctr Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Table 1.717.65	City	State Zip Code	
Name of Employer Mt Diablo Hospital Medical Ctr Receipt For: Primary Other (specify) ▼ Occupation Emergency Physician Aggregate Year-to-Date 563.65	Alamo	CA 94507-2148	Amount of Each Receipt this Period
Mt Diablo Hospital Medical Ctr Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 563.65		C	367.65
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 563.65	Mt Diablo Hospital Medical	· ·	
Other (specify) ▼ 563.65	Receipt For:	1 1 1 1	
717.65	7 —	563.65	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (or	otional)	717.65

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an	nd Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi			o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Birdsall Mailing Address 191 La Serena Ave			Date of Receipt
City	State	Zip Code	10 07 2009
City Alamo	CA	94507-2148	Transaction ID: C790110 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.7007 2.140	100.00
Name of Employer Mt Diablo Hospital Medical Ctr Receipt For: Primary General Other (specify) ▼	_ , '	on ncy Physician e Year-to-Date ▼ 563.65	1
Full Name (Last, First, Middle Initial) David Birdsall			Date of Receipt
Mailing Address 191 La Serena Ave			11 18 2009
City	State	Zip Code	Transaction ID: C815108
<u>Alamo</u>	CA	94507-2148	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		96.00
Name of Employer Mt Diablo Hospital Medical Ctr	'	ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 563.65]
Full Name (Last, First, Middle Initial) Glenn Birnbaum			Date of Receipt
Mailing Address 7 Cromwell 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: C782284
Chester	NJ	07930-2153	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Emergency Medical Assoc	Occupation Emerger	n ncy Physician	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)		696.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Michael D D Bishop Mailing Address 1155 W 3rd St		Date of Receipt
City	State Zip Code	0 9 1 9 2 0 0 9 Transaction ID: C780438
Bloomington	IN 47404-5016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Unity Phys Grp PC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Gregory J J Bjerke		Date of Receipt
Mailing Address 2973 Peterson Pkwy	7.0.1	07 22 2009
City	State Zip Code	Transaction ID: C759971
Fargo FEC ID number of contributing federal political committee.	ND 58102-1752	Amount of Each Receipt this Period 300.00
Name of Employer Meritcare Med Ctr ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Joseph Bledsoe		Date of Receipt
Mailing Address 1468 E Zenith Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C792242
Salt Lake City FEC ID number of contributing federal political committee.	UT 84106-3433	Amount of Each Receipt this Period 250.00
Name of Employer Univ of UT Hosp & Clinics ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 474 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pole	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Andra Leah Leah Blomkalns Mailing Address 3188 Golden Hollo 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
Cincinnati FEC ID number of contributing federal political committee.	OH 45226-2055	Amount of Each Receipt this Period 250.00
Name of Employer Dr. Andra Leah Blomkains Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Frederick C C Blum Mailing Address 1470 Point Marior	n Rd	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C761754
Morgantown	WV 26508-1454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer RCB-HSC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	
Full Name (Last, First, Middle Initial) Frederick C C Blum Mailing Address 1470 Point Marior	. Dd	Date of Receipt
		08 28 2009
City	State Zip Code WV 26508-1454	Transaction ID: C773667
Morgantown FEC ID number of contributing federal political committee.	WV 26508-1454	Amount of Each Receipt this Period 83.33
Name of Employer RCB-HSC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	
SUBTOTAL of Receipts This Page (option	nal)	416.66

Γ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	21.1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee t	o solicit contributions from such committee.
	National Emergency Medicine Politica	a Action Con	nmillee	
Α.	Full Name (Last, First, Middle Initial) Frederick C C Blum			Date of Receipt
	Mailing Address 1470 Point Marion Rd			10 03 2009
	City	State	Zip Code	Transaction ID: C802032
	Morgantown	WV	26508-1454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer RCB-HSC	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 916.63	
_ 3.	Full Name (Last, First, Middle Initial) Frederick C C Blum			Date of Receipt
	Mailing Address 1470 Point Marion Rd			11 30 2009
	City	State	Zip Code	Transaction ID: C810205
	Morgantown	WV	26508-1454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer RCB-HSC	, ·	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 916.63	
_).	Full Name (Last, First, Middle Initial) Frederick C C Blum			Date of Receipt
	Mailing Address 1470 Point Marion Rd			12 31 2009
	City	State	Zip Code	Transaction ID: C839092
	Morgantown	WV	26508-1454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer RCB-HSC	, ' 	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 916.63	
Г		•		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 474 (check only one) X 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) loliene Beth Beth Boenau Mailing Address 21 Vandenburg Ln City Latham FEC ID number of contributing federal political committee. Name of Employer Samaritan Hospital Receipt For: Primary General Other (specify)		Zip Code 12110-1186 n cy Physician Year-to-Date ▼ 374.99	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) loliene Beth Beth Boenau Mailing Address 21 Vandenburg Ln City Latham FEC ID number of contributing federal political committee. Name of Employer Samaritan Hospital Receipt For:	, ' -	Zip Code 12110-1186 n cy Physician Year-to-Date	Date of Receipt M M Z B Z D O D P Transaction ID: C773705 Amount of Each Receipt this Period 41.67
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ioliene Beth Beth Boenau Mailing Address 21 Vandenburg Ln City Latham FEC ID number of contributing federal political committee.	State NY C	Zip Code 12110-1186	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Samaritan Hospital Receipt For: Primary General Other (specify) ▼		rcy Physician Year-to-Date ▼ 374.99	
SUBTOTAL of Receipts This Page (optional))	124.97

ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 4 / 4 (check only one)
Any information copied or for commercial purpo	from such Reports and Statements races, other than using the name and	may not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMIT			
Full Name (Last, Fire Michael A A Bohrn	st, Middle Initial)		Date of Receipt
	0 Timberline Dr		07 17 2009
City	State	Zip Code	Transaction ID: C754971
Wyomissing	PA	19610-1970	Amount of Each Receipt this Period
FEC ID number of c federal political com			50.00
Name of Employer York Hosp ED	Occupa Emerg	ation gency Physician	
Receipt For: Primary Other (specify	General	ate Year-to-Date ▼ 350.00	
Full Name (Last, Fire	st, Middle Initial)		Date of Receipt
Mailing Address 7	0 Timberline Dr		07 30 7 2009
City	State	Zip Code	Transaction ID: C761711
Wyomissing	PA	19610-1970	Amount of Each Receipt this Period
FEC ID number of c federal political com			50.00
Name of Employer York Hosp ED	Occupa Emerg	ation gency Physician	
Receipt For:		ate Year-to-Date V	
Other (specify	General ▼	350.00	
Full Name (Last, Fire	st, Middle Initial)		Date of Receipt
Mailing Address 1	577 Smiley Heights		07 30 2009
City	State	Zip Code	Transaction ID: C761835
Redlands	CA	92373-6515	Amount of Each Receipt this Period
FEC ID number of c federal political com			367.65
Name of Employer St Mary Med Ctr	Occupa Emerg	ation gency Physician	
Receipt For:		ate Year-to-Date V	
Primary Other (specify	General ▼	463.65	
			467.65

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	5X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 474 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	ng the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David A A Bolivar Mailing Address 1577 Smiley Heigl City	State	Zip Code	Date of Receipt 1 1
Redlands FEC ID number of contributing federal political committee.	CA	92373-6515	Amount of Each Receipt this Period 96.00
Name of Employer St Mary Med Ctr Receipt For: Primary General Other (specify) ▼		n cy Physician Year-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) Robert T T Bonham Mailing Address 2101 Nuuanu Ave Apt 2005	Apt 2005		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C806032
Honolulu FEC ID number of contributing federal political committee.	С	96817-1769	Amount of Each Receipt this Period 100.00
Name of Employer Univ of Hawaii KCC EMS		cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ashley E E Booth	'		Date of Receipt
Mailing Address 655 W 8th St			07
City	State	Zip Code	Transaction ID: C761776
Jacksonville FEC ID number of contributing federal political committee.	FL C	32209-6511	Amount of Each Receipt this Period 250.00
Name of Employer Shands Jacksonville Educ	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	.	446.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for ea	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 43 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	ne name and address of a	old or used by any perso any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ashley E E Booth Mailing Address 655 W 8th St City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Shands Jacksonville Educ	State Zip	Code :09-6511	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 General Other (specify) ▼	Aggregate Year-to-		
Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg Mailing Address 145 Oyster Point Ro	V		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	·	Code	Transaction ID: C761715
Charleston FEC ID number of contributing federal political committee.	SC 294	.12-3632	Amount of Each Receipt this Period 100.00
Name of Employer Med Univ of SC	Occupation Emergency Phys	sician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 949.99	
Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg			Date of Receipt
Mailing Address 145 Oyster Point Ro	V		10 07 2009
City	·	Code	Transaction ID: C790116
Charleston	SC 294	12-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Med Univ of SC	Occupation Emergency Phys	sician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 949.99	
SUBTOTAL of Receipts This Page (optional)			433.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 4 / 4 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg			Date of Receipt
Mailing Address 145 Oyster Point Ro	OW		1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charleston	State SC	Zip Code 29412-3632	Transaction ID: C810237 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20412 0002	83.33
Name of Employer Med Univ of SC	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 949.99	
Full Name (Last, First, Middle Initial) Keith Thomas Thomas Borg			Date of Receipt
Mailing Address 145 Oyster Point Ro	ow		1 2 3 1 2 0 0 9
City	State SC	Zip Code	Transaction ID: C839100
Charleston FEC ID number of contributing federal political committee.	C	29412-3632	Amount of Each Receipt this Period 83.33
Name of Employer Med Univ of SC	Occupation	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 949.99	
Full Name (Last, First, Middle Initial) Rodney W W Borger			Date of Receipt
Mailing Address 400 N Pepper Ave			07 30 2009
City Colton	State CA	Zip Code	Transaction ID: C761857
FEC ID number of contributing federal political committee.	C	92324-1801	Amount of Each Receipt this Period 367.65
Name of Employer ARMC Dept of EM	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 463.65	
SUBTOTAL of Receipts This Page (optional			534.31

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any person the name and address of any political committee to st tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rodney W W Borger Mailing Address 400 N Pepper Ave City Colton	State Zip Code CA 92324-1801	Date of Receipt M M M / D D D / 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 ARMC Dept of EM Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 463.65	96.00
Full Name (Last, First, Middle Initial) Roger W W Boswell Mailing Address 411 Columbia Dr City Rockwall FEC ID number of contributing federal political committee. Name of Employer Lake Pointe Med Ctr Receipt For: Primary General Other (specify)	State Zip Code TX 75032-5708 C Occupation Emergency Physician Aggregate Year-to-Date 350.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Roger W W Boswell Mailing Address 411 Columbia Dr City Rockwall FEC ID number of contributing federal political committee. Name of Employer Lake Pointe Med Ctr Receipt For: Primary General Other (specify)	State Zip Code TX 75032-5708 C Occupation Emergency Physician Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (options	al)	446.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 474 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	Statements may not be sold or used by any persele name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Bower Mailing Address 2 Via Chapala City San Clemente FEC ID number of contributing federal political committee. Name of Employer S Coast Med Ctr Receipt For: Primary Other (specify)	State Zip Code CA 92673-2732 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 321.00	Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Bower Mailing Address 2 Via Chapala City San Clemente FEC ID number of contributing federal political committee. Name of Employer S Coast Med Ctr Receipt For: Primary General Other (specify)	State Zip Code CA 92673-2732 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 321.00	Date of Receipt M M M / D D D 2 2 0 0 9 Transaction ID: C807223 Amount of Each Receipt this Period 96.00
Full Name (Last, First, Middle Initial) Jameson A A Bowles Mailing Address 1918 Seven Maples E City Kingswood FEC ID number of contributing federal political committee. Name of Employer Dr. Jameson A Bowles Receipt For: Primary General Other (specify)	Or State Zip Code TX 77345-1712 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		696.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 474 (check only one) X 11a
Any information copied from such Reports and Sor 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
Full Name (Last, First, Middle Initial) Mark R R Bowman Mailing Address 1105 5th St City Tillamook	State OR	Zip Code 97141-3508	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Tillamook Co Genl Hosp Receipt For: Primary General Other (specify)	 	n ncy Physician e Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial) John C C Bradford Mailing Address 400 Wabash Ave			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Akron</u>	State OH	Zip Code 44307-2433	Transaction ID: C765745 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Akron Gen Med Ctr	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Richard Neville Neville Bradley			Date of Receipt
Mailing Address 6411Fannin St			07 30 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C761742
Houston FEC ID number of contributing federal political committee.	C	77030-1501	Amount of Each Receipt this Period 250.00
Name of Employer The UT Health Science Cen- ter	Occupatio Emergen	n ncy Physician	7
Receipt For: Primary General Other (specify) ▼	- · · · · · ·	e Year-to-Date ▼ 850.00]
SUBTOTAL of Receipts This Page (optional)			600.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
<i>A</i>	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Con	nmittee	
۸.	Full Name (Last, First, Middle Initial) Thomas A A Brant			Date of Receipt
	Mailing Address 8823 Taunton Dr	01-1-	7'- 0-1-	09 30 2009
	City <u>Huntersville</u>	State NC	Zip Code 28078-8513	Transaction ID: C787016 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		17.00
	Name of Employer MEMA	Occupatio Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
 3.	Full Name (Last, First, Middle Initial) Thomas A A Brant Mailing Address 8823 Taunton Dr			Date of Receipt
				09 30 2009
	City Huntersville	State NC	Zip Code 28078-8513	Transaction ID: C787058 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20070 0010	17.00
	Name of Employer MEMA	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
- :.	Full Name (Last, First, Middle Initial) Thomas A A Brant			Date of Receipt
	Mailing Address 8823 Taunton Dr			09 / 30 / 2009
	City	State NC	Zip Code	Transaction ID: C787071
	Huntersville FEC ID number of contributing federal political committee.	C	28078-8513	Amount of Each Receipt this Period 17.00
	Name of Employer MEMA	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 204.00	
	SUBTOTAL of Receipts This Page (optional) .	ı		51.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 474 (check only one) X
,	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	r not be sold or used by any pers lress 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 Com	mittee	
۸.	Full Name (Last, First, Middle Initial) Thomas A A Brant Mailing Address 8823 Taunton Dr			Date of Receipt
	City	State	Zip Code	1 2 3 1 2 0 0 9 Transaction ID: C848354
	Huntersville	NC	28078-8513	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		17.00
	Name of Employer MEMA	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 204.00	
 3.	Full Name (Last, First, Middle Initial) Thomas A A Brant			Date of Receipt
	Mailing Address 8823 Taunton Dr			12 31 2009
	City	State	Zip Code	Transaction ID: C848355
	Huntersville	NC	28078-8513	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		17.00
	Name of Employer MEMA	- t	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 204.00	
. –	Full Name (Last, First, Middle Initial) Thomas A A Brant			Date of Receipt
	Mailing Address 8823 Taunton Dr			12 31 7 2009
	City Huntersville	State NC	Zip Code 28078-8513	Transaction ID: C848356
	FEC ID number of contributing federal political committee.	C	20070-0313	Amount of Each Receipt this Period 17.00
	Name of Employer MEMA	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	_ ' 	Year-to-Date ▼ 204.00	
	SUBTOTAL of Receipts This Page (optional) .	1		51.00

SCHEDULE A (FEC Form 3X)		BAGE		
	Ose separate seriedale(s)	FOR LINE NUMBER: PAGE 50 / 474 (check only one)		
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)				
National Emergency Medicine Politica	al Action Committee			
Full Name (Last, First, Middle Initial) Andrea M M Brault		Date of Receipt		
Mailing Address 444 E Huntington Dr Emergency Groups C		10 04 2009		
City	State Zip Code	Transaction ID: C787815		
<u>Arcadia</u>	CA 91006-6258	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Emergency Groups Office	Occupation Emergency Physician			
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial) Gayle L L Braunholtz				
Mailing Address 5115 Black Bear Ln L	Mailing Address 5115 Black Bear Ln Unit # 2			
City	State Zip Code	Transaction ID: C763171		
<u>Vail</u>	CO 81657-5422	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Emer Dept	Occupation Emergency Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial) C. Charles A A Bregier, Jr	1	Date of Receipt		
Mailing Address 5546 Fallon Ct		10 19 2009		
City	State Zip Code	Transaction ID: C793995		
Charlotte	NC 28226-5629	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	150.00		
Name of Employer Presbyterian Urgent Care	Occupation Emergency Physician			
Receipt For: Primary General	Aggregate Year-to-Date ▼ 250.00	1		
Other (specify)		J		

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied fro	m such Reports and Statements mes, other than using the name and a	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTE National Emergence	EE (In Full) y Medicine Political Action Co	mmittee	
Full Name (Last, First, Michael F F Brin	Middle Initial)		Date of Receipt
Mailing Address 126	316 N St Anne Ln	07 17 2009	
City	State	Zip Code	Transaction ID: C754963
Mequon	WI	53092-2263	Amount of Each Receipt this Period
FEC ID number of con federal political commit			500.00
Name of Employer Infinity Healthcare	Occupat Emerge	ion ency Physician	
Receipt For: Primary Other (specify)	General	te Year-to-Date ▼ 500.00	
Full Name (Last, First, Wallace Monroe Monroe	,		Date of Receipt
Mailing Address 988	7 Q Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C769995
Mattawan	MI	49071-9435	Amount of Each Receipt this Period
FEC ID number of con federal political commit			100.00
Name of Employer Kalamazoo Emer Asso	Occupat Emerge	ion ency Physician	
Receipt For:		te Year-to-Date ▼	
Other (specify)	General	300.00	
Full Name (Last, First, Wallace Monroe Monroe			Date of Receipt
Mailing Address 988	37 Q Ave		10 23 7 2009
City <u>Mattawan</u>	State MI	Zip Code 49071-9435	Transaction ID: C796626 Amount of Each Receipt this Period
FEC ID number of con federal political commit	tributing		100.00
Name of Employer Kalamazoo Emer Asso	Occupat Emerge	ion ency Physician	
Receipt For: Primary Other (specify)	Aggrega General	tte Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts	This Page (optional))	700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 474 (check only one) X	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any person the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Wallace Monroe Monroe Broadbent Mailing Address 9887 Q Ave City Mattawan FEC ID number of contributing federal political committee. Name of Employer Kalamazoo Emer Assoc Receipt For: Primary General Other (specify)	State Zip Code MI 49071-9435 C Occupation Emergency Physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Full Name (Last, First, Middle Initial) Robert I I Broida Mailing Address PO Box 5404 City Akron FEC ID number of contributing federal political committee. Name of Employer Dr. Robert I Broida Receipt For: Primary General Other (specify)	State Zip Code OH 44334-0404 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Full Name (Last, First, Middle Initial) Francine H H Brooks Mailing Address 21 Fair St City Cold Spring FEC ID number of contributing federal political committee. Name of Employer Vassar Brothers Hosp Receipt For: Primary General Other (specify)	State Zip Code NY 10516-3005 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
SUBTOTAL of Receipts This Page (optional)	600.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Po	and Statements may not be sold or used by any persong the name and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Douglas P P Brosnan Mailing Address 1420 East Rosevi	lle Parkway St	Date of Receipt
Ste 140-107 City Roseville	State Zip Code CA 95661	1 1 1 8 2 0 0 9 Transaction ID: C807290 Amount of Each Receipt this Boried
FEC ID number of contributing federal political committee.	C 93001	Amount of Each Receipt this Period 96.00
Name of Employer Dr. Douglas P Brosnan Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 221.00	
Full Name (Last, First, Middle Initial) Timothy K K Brown Mailing Address 1830 Bro-Mor St		Date of Receipt 0 7 3 0 7 2 0 0 9
City	State Zip Code	Transaction ID: C761785
Saginaw FEC ID number of contributing federal political committee.	MI 48602-4844	Amount of Each Receipt this Period 1000.00
Name of Employer Covenant Emer Phys Grp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Travis R B R B Brownell Mailing Address 30 Spanish Bay	I	Date of Receipt
City	State Zip Code	1 2 3 1 2 0 0 9 Transaction ID: C839086
N Sioux City FEC ID number of contributing federal political committee.	SD 57049-5447	Amount of Each Receipt this Period 250.00
Name of Employer Mercy Med Ctr Emer Med De-	Occupation Emergency Physician	
pt Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optio	nal)	1346.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports are appropriately as the state of the	nd Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	<u> </u>		o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Yvonne Marie Marie Brutger Mailing Address 9615 Wyoming Cir			Date of Receipt
City	State	Zip Code	0 8 1 3 2 0 0 9 Transaction ID: C766215
Bloomington	MN	55438-1628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer North Memorial Medical Center Receipt For: Primary General Other (specify) ▼		nn ncy Physician e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Eric Bryant Mailing Address 1635 Pontiac St			Date of Receipt
Ivialing Address To35 Politiac St			10 04 2009
City	State	Zip Code	Transaction ID: C787833
<u>Denver</u>	CO	80220-1829	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Kaiser Exempla St Joseph Hosp	Occupation Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) Ellen M Bubel			Date of Receipt
Mailing Address 2361 S Holly Pl			07 30 7 2009
City Denver	State CO	Zip Code 80222-6218	Transaction ID: C761850 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		367.65
Name of Employer Ms. Ellen M Bubel	Occupation Informat	n ion Requested	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 367.65	
SUBTOTAL of Receipts This Page (optional	al)		817.65

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using t	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Austin William William Burgess		Date of Receipt
Mailing Address 236 Seatrace Ln City	State Zip Code	0 8 1 3 2 0 0 9 Transaction ID: C766218
Newport	NC 28570-6408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Carteret Gen Hosp	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mary C C Burke		Date of Receipt
Mailing Address 14 Birchwood Dr		10 03 7 2009
City	State Zip Code	Transaction ID: C802081
Southborough	MA 01772-1646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Milford Whitinsville Regl Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Robert Buscho		Date of Receipt
Mailing Address 23 Washington Ave		07 30 7 2009
City	State Zip Code	Transaction ID: C761818
San Rafael	CA 94903-4115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	367.65
Name of Employer CA Emer Phys Med Grp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 563.65	
SUBTOTAL of Receipts This Page (optional)	·	1667.65
TOTAL This Period (last page this line numb		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 474 (check only one) X	
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Robert Buscho Mailing Address 23 Washington Ave			Date of Receipt	
City San Rafael FEC ID number of contributing	State CA	Zip Code 94903-4115	Transaction ID: C765754 Amount of Each Receipt this Period	
federal political committee. Name of Employer CA Emer Phys Med Grp	Occupation Emergen	n nocy Physician	367.65	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 563.65		
Full Name (Last, First, Middle Initial) Robert Buscho Mailing Address 23 Washington Ave			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	City State Zip Code San Rafael CA 94903-4115			
San Rafael				
FEC ID number of contributing federal political committee.	С		-367.65	
Name of Employer CA Emer Phys Med Grp		cy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 563.65]	
Full Name (Last, First, Middle Initial) Robert Buscho			Date of Receipt	
Mailing Address 23 Washington Ave			11 18 2009	
City	State	Zip Code	Transaction ID: C815080	
San Rafael	CA	94903-4115	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		96.00	
Name of Employer CA Emer Phys Med Grp		cy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 563.65		
SUBTOTAL of Receipts This Page (optiona)		96.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 474 (check only one) X 11a
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements manne 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.
	National Emergency Medicine Politic	al Action Con	nmittee	
	Full Name (Last, First, Middle Initial) Martha Griffin Griffin Bush			Date of Receipt
	Mailing Address PO Box 1			07 06 2009
	City Romance	State AR	Zip Code 72136-0001	Transaction ID: C747365
	FEC ID number of contributing federal political committee.	C	72130-0001	Amount of Each Receipt this Period 250.00
	Name of Employer HEB Emergicare Inc	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	_ · · _ · _ ·	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Michael S S Bush			Date of Receipt
	Mailing Address 5531 Billy Casper Dr			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: C760123
	Billings	MT	59106-1028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St Vincents Hosp & Hlth Ctr	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00]
	Full Name (Last, First, Middle Initial) Gregory James James Byrne			Date of Receipt
	Mailing Address 528 Regency Crossing			07 14 2009
	City	State	Zip Code	Transaction ID: C750693
	Southlake	TX	76092-9500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer EmCare		ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Г	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 474 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	and Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Jose Cabotage Cabotage Cacatian Mailing Address 920 Richmond Rd City	State Zip Code	Date of Receipt 0 8 0 3 2 0 0 9 Transaction ID: C763173
Staten Island FEC ID number of contributing federal political committee.	NY 10304-2412	Amount of Each Receipt this Period 250.00
Name of Employer St Vincents Med Ctr Richmond Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Thomas James James Calvert Mailing Address 204 Glenbrook Cir	SE	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	Transaction ID: C765738	
<u>Huntsville</u>	AL 35801-1867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Huntsville Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Frederick B B Carlton, Jr Mailing Address 2126 Sheffield Dr		Date of Receipt M
City	State Zip Code	Transaction ID: C764030
Jackson FEC ID number of contributing federal political committee.	MS 39211-5850	Amount of Each Receipt this Period 250.00
Name of Employer Univ MS Med Ctr ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option	al)	600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 474 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persordress of any political committee to	n for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Frederick B B Carlton, Jr			Date of Receipt
Mailing Address 2126 Sheffield Dr			12 23 7 2009
City	State	Zip Code	Transaction ID: C820015
Jackson	MS	39211-5850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Univ MS Med Ctr ED	Occupation Emergen	n Icy Physician	7
Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼	33 3 3 4 3	350.00]
Full Name (Last, First, Middle Initial) Steve Carstens			Date of Receipt
Mailing Address 209 Valley View Dr			07 30 2009
City	State	Zip Code	Transaction ID: C761872
Exeter	CA	93221-9796	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		367.65
Name of Employer CA Emer Phys	Occupation Emergen	n Icy Physician	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 563.65	
Full Name (Last, First, Middle Initial) Steve Carstens			Date of Receipt
Mailing Address 209 Valley View 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: C764131
Exeter	CA	93221-9796	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer CA Emer Phys	Occupation Emergen	n Icy Physician	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 563.65	
SUBTOTAL of Receipts This Page (optional	J)		567.65

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11		
or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee			
Full Name (Last, First, Middle Initial) Steve Carstens		Date of Receipt		
Mailing Address 209 Valley View Dr City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Exeter	CA 93221-9796	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	96.00		
Name of Employer CA Emer Phys	Occupation Emergency Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 563.65			
Full Name (Last, First, Middle Initial) Richard Carter	1	Date of Receipt		
Mailing Address 1301 U St NW # 818	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	·			
Washington	DC 20009-7557	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Howard Univ Hosp	Occupation Emergency Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Thomas E E Carter		Date of Receipt		
Mailing Address 1990 Chariot Way		10 03 2009		
City	State Zip Code	Transaction ID: C802041		
Portsmouth FEC ID number of contributing federal political committee.	OH 45662-2486	Amount of Each Receipt this Period 1000.00		
Name of Employer Southern OH Med Ctr	Occupation Emergency Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00			
SUBTOTAL of Receipts This Page (optional)	1	1346.00		
TOTAL This Period (last page this line number	·			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	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 solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul D D Casey Mailing Address 101 Cherry St Unit 4 Unit 410 City Green Bay FEC ID number of contributing federal political committee. Name of Employer Bellin Mem Hosp	State Zip Code WI 54301-4247 C Occupation Emergency Physician	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 General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Karen Ann Ann Casper Mailing Address 191 Lake St 191 Lake St City Vineyard Haven FEC ID number of contributing federal political committee. Name of Employer Marthas Vineyard Hosp Receipt For: Primary General Other (specify)	State Zip Code MA 02568-6356 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Carlos H H Castellon Mailing Address 152 NW Otter Ct City Lake City FEC ID number of contributing federal political committee. Name of Employer Innovative Med Svcs Receipt For: Primary General Other (specify)	State Zip Code FL 32055-7252 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 700.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	450.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 474 (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
Full Name (Last, First, Middle Initial) Marcel A A Cesar Mailing Address PO Box 180253 City Delafield FEC ID number of contributing federal political committee. Name of Employer Emer Med Spec	State WI C	Zip Code 53018-0253	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 General Other (specify) ▼	 	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Cal Chaney Mailing Address Refer to A387953			Date of Receipt 1 0 0 3 2 0 0 9
City	State	Zip Code	Transaction ID: C802090
<u>Dallas</u> FEC ID number of contributing federal political committee.	C	75261-9911	Amount of Each Receipt this Period 250.00
Name of Employer Mr. Cal Chaney	Occupation Informati	n on Requested	7
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 0.00	
Full Name (Last, First, Middle Initial) Cal Chaney	<u>I</u>		Date of Receipt
Mailing Address PO Box 619911 ACEP			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: C803443
<u>Dallas</u>	TX	75261-9911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ACEP	, ,	ıcy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)			600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and ado	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 Politica	al Action Com	mittee	
Α.	Full Name (Last, First, Middle Initial) Cal Chaney			Date of Receipt
	Mailing Address Refer to A387953	State	Zip Code	11 11 2009
	City Dallas	TX	75261-9911	Transaction ID: C803446 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70201 0011	-250.00
	Name of Employer Mr. Cal Chaney	Occupation Information	n on Requested	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 0.00	
– В.	Full Name (Last, First, Middle Initial) John V V Chang Mailing Address 1 Castle Dr	1		Date of Receipt
	Walling Address Castle Di			10 15 2009
	City	State	Zip Code	Transaction ID: C815144
	Wilmington	<u>MA</u>	01887-3188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Lawrence Gen Hosp	, i – -	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
С. С.	Full Name (Last, First, Middle Initial) John V V Chang			Date of Receipt
	Mailing Address 1 Castle Dr			11 02 7 2009
	City Wilmington	State MA	Zip Code 01887-3188	Transaction ID: C799291
	FEC ID number of contributing federal political committee.	C	01007-3100	Amount of Each Receipt this Period 1000.00
	Name of Employer Lawrence Gen Hosp	Occupation Emergen	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00
	TOTAL This Period (last page this line number	r only)		

Any information copied from such Reports and Star or for commercial purposes, other than using the notes of commercial purposes, other than using the notes of contributing federal political committee. A. John V Chang Mailing Address 1 Castle Dr City Wilmington FEC ID number of contributing federal political committee. Name of Employer Lawrence Gen Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Mark Mark Charash Mailing Address 12 Silver City Rd City Newtown FEC ID number of contributing federal political committee. Name of Employer Danbury Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jason E E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee. Name of Employer Southern Othio Med Ctr	me and address of any political committee to	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John V V Chang Mailing Address 1 Castle Dr City Wilmington FEC ID number of contributing federal political committee. Name of Employer Lawrence Gen Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Mark Mark Charash Mailing Address 12 Silver City Rd City Newtown FEC ID number of contributing federal political committee. Name of Employer Danbury Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jason E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee.	State Zip Code MA 01887-3188 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Transaction ID: C815145 Amount of Each Receipt this Period
Mailing Address 1 Castle Dr City Wilmington FEC ID number of contributing federal political committee. Name of Employer Lawrence Gen Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Mark Mark Charash Mailing Address 12 Silver City Rd City Newtown FEC ID number of contributing federal political committee. Name of Employer Danbury Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jason E E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee.	MA 01887-3188 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00	Transaction ID: C815145 Amount of Each Receipt this Period
City Wilmington FEC ID number of contributing federal political committee. Name of Employer Lawrence Gen Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Mark Mark Charash Mailing Address 12 Silver City Rd City Newtown FEC ID number of contributing federal political committee. Name of Employer Danbury Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jason E E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee.	MA 01887-3188 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00	Transaction ID: C815145 Amount of Each Receipt this Period
Wilmington FEC ID number of contributing federal political committee. Name of Employer Lawrence Gen Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Mark Mark Charash Mailing Address 12 Silver City Rd City Newtown FEC ID number of contributing federal political committee. Name of Employer Danbury Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jason E E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee.	MA 01887-3188 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 1000.00	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Lawrence Gen Hosp Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) David Mark Mark Charash Mailing Address 12 Silver City Rd City Newtown FEC ID number of contributing federal political committee. Name of Employer Danbury Hosp Receipt For: Primary General Other (specify) Tull Name (Last, First, Middle Initial) Jason E E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee.	Occupation Emergency Physician Aggregate Year-to-Date 1000.00	
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) David Mark Mark Charash Mailing Address 12 Silver City Rd City Newtown FEC ID number of contributing federal political committee. Name of Employer Danbury Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jason E E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee.	Emergency Physician Aggregate Year-to-Date ▼ 1000.00	1
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Mark Mark Charash Mailing Address 12 Silver City Rd City Newtown FEC ID number of contributing federal political committee. Name of Employer Danbury Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jason E E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee.	1000.00	1
David Mark Mark Charash Mailing Address 12 Silver City Rd City Newtown FEC ID number of contributing federal political committee. Name of Employer Danbury Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jason E E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee.		1
City Newtown FEC ID number of contributing federal political committee. Name of Employer Danbury Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jason E E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee.		Date of Receipt
Newtown FEC ID number of contributing federal political committee. Name of Employer Danbury Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jason E E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee.		10 19 / 2009
FEC ID number of contributing federal political committee. Name of Employer Danbury Hosp Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Jason E E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee.	State Zip Code	Transaction ID: C793998
federal political committee. Name of Employer Danbury Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jason E E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee.	CT 06470-1041	Amount of Each Receipt this Period
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Jason E E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee.	C	250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jason E E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee.	Occupation Emergency Physician	
Jason E E Cheatham Mailing Address 3351 Indian Dr City Portsmouth FEC ID number of contributing federal political committee.	Aggregate Year-to-Date ▼ 350.00	
City Portsmouth FEC ID number of contributing federal political committee.		Date of Receipt
Portsmouth FEC ID number of contributing federal political committee.		10 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	State Zip Code	Transaction ID: C802030
Name of Employer	OH 45662-2408	Amount of Each Receipt this Period 250.00
Southern Onio Med Ctr		
Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician	
SUBTOTAL of Receipts This Page (optional)	•	4

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 474 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Steven Chin			Date of Receipt
Mailing Address 19711 Quiet Bay Lr City	State	Zip Code	0 7 0 2 7 2 0 0 9 Transaction ID: C746967
Huntingtn Bch FEC ID number of contributing federal political committee.	CA	92648-2615	Amount of Each Receipt this Period 100.00
Name of Employer Presbyterian Infercomm Ho- sp ED Receipt For: Primary General Other (specify) ▼		n locy Physician Year-to-Date *]
Full Name (Last, First, Middle Initial) Kathrine Christensen Mailing Address 5925 E Univ Blvd A Apt 233	.pt 233		Date of Receipt 1 2 0 9 2 0 0 9
City	State	Zip Code	Transaction ID: C814907
Dallas	TX	75206-9112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer EmCare	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Paul E E Christensen	I		Date of Receipt
Mailing Address 1911 Johnson Ave			07 24 2009
City	State	Zip Code	Transaction ID: C760961
San Luis Obispo	CA	93401-4131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer CEP America		cy Physician	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 563.65	
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 66 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
Full Name (Last, First, Middle Initial) Paul E E Christensen		Date of Receipt
Mailing Address 1911 Johnson Ave		07 30 7 2009
City	State Zip Code	Transaction ID: C761833
San Luis Obispo	CA 93401-4131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	367.65
Name of Employer CEP America	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 563.65	
Full Name (Last, First, Middle Initial) Paul E E Christensen	1	Date of Receipt
Mailing Address 1911 Johnson Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C807186
San Luis Obispo	CA 93401-4131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.00
Name of Employer CEP America	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 563.65	
Full Name (Last, First, Middle Initial) Michael C C Christopher	1	Date of Receipt
Mailing Address 6149 E Wilshire Dr		08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C766211
<u>Scottsdale</u>	AZ 85257-1959	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer EMPower Emer Phys PC	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	625.00	
SUBTOTAL of Receipts This Page (optional)	_	963.65
TOTAL This Period (last page this line number	<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Michael C C Christopher		Date of Receipt
Mailing Address 6149 E Wilshire Dr	71.0	10 03 2009
City <u>Scottsdale</u>	State Zip Code AZ 85257-1959	Transaction ID: C802028
FEC ID number of contributing federal political committee.	C 63237-1939	Amount of Each Receipt this Period 125.00
Name of Employer EMPower Emer Phys PC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) Theodore A A Christopher Mailing Address 1000 Courses Ch. # 6	00 Thansan	Date of Receipt
Mailing Address 1020 Samson St # 2 239 Thompson Bldg	-1020 Samson	10 04 2009
City	State Zip Code	Transaction ID: C787823
Philadelphia FEC ID number of contributing federal political committee.	PA 19107-5002	Amount of Each Receipt this Period 1000.00
Name of Employer Jefferson Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Kwang H H Chung		Date of Receipt
Mailing Address 4881 Dargate Ln		07 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C760988
Murrysville FEC ID number of contributing	PA 15668-9470	Amount of Each Receipt this Period 250.00
federal political committee.	Occupation	
Name of Employer Indiana Reg Med Ctr ED	Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1375.00
TOTAL This Period (last page this line numb	·	

Use separate schedule(s) for each category of the Detailed Summary Page X 11a 13	11b 11c 12 14 15 16 17
Any information copied from such Reports and Statements may not be sold or used by any person for the pur or for commercial purposes, other than using the name and address of any political committee to solicit contribution. NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Ludwig Julian Julian Cibelli Mailing Address 1555 Lakeview St City State Zip Code Beaumont CA 92223-8507 FEC ID number of contributing federal political committee. Name of Employer San Gorgonio Mem Hosp Receipt For: Primary General Other (specify) Aggregate Year-to-Date Full Name (Last, First, Middle Initial)	pose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Ludwig Julian Julian Cibelli Mailing Address 1555 Lakeview St City State Zip Code Beaumont CA 92223-8507 FEC ID number of contributing federal political committee. Name of Employer San Gorgonio Mem Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	oddono nom odon committee.
A. Full Name (Last, First, Middle Initial) Ludwig Julian Julian Cibelli Mailing Address 1555 Lakeview St City State Zip Code Beaumont CA 92223-8507 FEC ID number of contributing federal political committee. Name of Employer San Gorgonio Mem Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	
A. Ludwig Julian Julian Cibelli Mailing Address 1555 Lakeview St City State Zip Code Beaumont CA 92223-8507 FEC ID number of contributing federal political committee. Name of Employer San Gorgonio Mem Hosp Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	
City State Zip Code Transa Beaumont CA 92223-8507 FEC ID number of contributing federal political committee. Name of Employer San Gorgonio Mem Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	f Receipt
Beaumont CA 92223-8507 Amount FEC ID number of contributing federal political committee. Name of Employer San Gorgonio Mem Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	30
FEC ID number of contributing federal political committee. Name of Employer San Gorgonio Mem Hosp Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	ction ID: C761843
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date Full Name (Last, First, Middle Initial)	nt of Each Receipt this Period
San Gorgonio Mem Hosp Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date 563.65 Full Name (Last, First, Middle Initial)	367.65
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	
Other (specify) ▼ 563.65 Full Name (Last, First, Middle Initial)	
	f Receipt
Mailing Address 1555 Lakeview St	18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ction ID: C807327
Beaumont CA 92223-8507 Amour	nt of Each Receipt this Period
FEC ID number of contributing federal political committee.	96.00
Name of Employer San Gorgonio Mem Hosp Occupation Emergency Physician	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date 563.65	
Full Name (Last, First, Middle Initial)	
Mailing Address 91 Woodridge Dr	
City State Zip Code Transa	15 2009
	ction ID: C778844 nt of Each Receipt this Period
FEC ID number of contributing federal political committee.	1000.00
Name of Employer Emer Med Phys Cocupation Emergency Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	

SCHEDULE ITEMIZED R	A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial NAME OF COI	pied from such Reports and Sta ourposes, other than using the r MMITTEE (In Full) ergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
A. L Anthony Cirillo Mailing Address City Saunderstow	s 91 Woodridge Dr yn r of contributing committee. yyer S General	<u> </u>	cy Physician Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Las L Anthony Cirillo Mailing Address City Saunderstow	t, First, Middle Initial) s 91 Woodridge Dr r of contributing committee.	<u> </u>	cy Physician Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Chad L L Clark Mailing Address City Corona FEC ID numbe federal political Name of Emplo Riverside Emel	t, First, Middle Initial) s 3948 Shady Ridge Dr r of contributing committee.	-	Zip Code 92881-8818 n cy Physician e Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (sp	General eccify) ▼ eceipts This Page (optional)		350.00	100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 4 / 4 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Action Con	nmittee	
Full Name (Last, First, Middle Initial) John B B Clark, Jr			Date of Receipt
Mailing Address 541 Hempstead Pl			09 30 2009
City Charlotte	State NC	Zip Code 28207-2317	Transaction ID: C787017 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20207-2317	21.00
Name of Employer Mid-Atlantic Emer Med Ass- oc	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 231.00	
Full Name (Last, First, Middle Initial) John B B Clark, Jr	I		Date of Receipt
Mailing Address 541 Hempstead PI			09 / 30 / 2009
City Charlotte	State NC	Zip Code	Transaction ID: C787057
FEC ID number of contributing federal political committee.	C	28207-2317	Amount of Each Receipt this Period 21.00
Name of Employer Mld-Atlantic Emer Med Ass-	Occupatio Emerger	n ncy Physician	
oc Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	231.00	
Full Name (Last, First, Middle Initial) John B B Clark, Jr			Date of Receipt
Mailing Address 541 Hempstead PI			09 30 7 2009
City	State	Zip Code	Transaction ID: C787090
Charlotte	NC	28207-2317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer Mld-Atlantic Emer Med Ass- oc		ncy Physician	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
Other (specify)		231.00	
SUBTOTAL of Receipts This Page (optional			63.00

Full Name (John B B Cla Mailing Add City Charlotte FEC ID nun federal polit Name of En Mid-Atlantic oc Receipt For Prima Other B. John B B Cla Mailing Add City Charlotte Full Name (John B B Cla Mailing Add City Charlotte FEC ID nun federal polit Name of En Mid-Atlantic oc Receipt For Prima Other C. Full Name (John B B Cla Mailing Add City Charlotte FEC ID nun federal polit Name of En Mid-Atlantic oc Receipt For Prima Other	cial purposes, other than using the COMMITTEE (In Full) Emergency Medicine Political (Last, First, Middle Initial) ark, Jr dress 541 Hempstead Pl mber of contributing ical committee. mployer of Emer Med Assert cary General (specify) (Last, First, Middle Initial) ark, Jr dress 541 Hempstead Pl mber of contributing	State NC Occupation Emergence Aggregate State NC	ress of any political committee to mittee Zip Code 28207-2317	Date of Receipt Date of Receipt Transaction ID: C848304 Amount of Each Receipt this Period Date of Receipt
Full Name (John B B Cla Mailing Add City Charlotte FEC ID nun federal polit Name of En MId-Atlantic oc Receipt For Prima Other Tull Name (John B B Cla Mailing Add City Charlotte FEC ID nun federal polit Name of En MId-Atlantic oc Receipt For Prima Other C. Full Name (John B B Cla Mailing Add City Charlotte FEC ID nun federal polit Name of En MId-Atlantic oc Receipt For Prima Other C. John B B Cla Mailing Add City	(Last, First, Middle Initial) ark, Jr dress 541 Hempstead PI mber of contributing ical committee. mployer c Emer Med Ass- :: ary	State NC C Occupation Emergence Aggregate State NC	Zip Code 28207-2317 cy Physician Year-to-Date ▼ 231.00 Zip Code	Date of Receipt Date of Receipt Date of Rec
A. John B B Clambrian Add City Charlotte FEC ID number federal politic Coccoccoccoccoccoccoccoccoccoccoccoccocc	mber of contributing ical committee. mployer c Emer Med Assert (specify) (Last, First, Middle Initial) ark, Jr dress 541 Hempstead PI	Occupation Emergence Aggregate	28207-2317 Cy Physician Year-to-Date ▼ 231.00 Zip Code	Date of Receipt Date of Receipt Date of Rec
City Charlotte FEC ID nun federal polit Name of En Mid-Atlantic oc Receipt For Prima Other Full Name (John B B Cla Mailing Add City Charlotte FEC ID nun federal polit Name of En Mid-Atlantic oc Receipt For Prima Other Full Name (John B B Cla Mailing Add City City Charlotte	mber of contributing ical committee. mployer c Emer Med Ass- r: ary General (specify) (Last, First, Middle Initial) ark, Jr dress 541 Hempstead Pl	Occupation Emergence Aggregate	28207-2317 Cy Physician Year-to-Date ▼ 231.00 Zip Code	1 2 3 1 2 0 0 9
Charlotte FEC ID nun federal polit Name of En Mid-Atlantic oc Receipt For Prima Other Full Name (John B B Cla Mailing Add City Charlotte FEC ID nun federal polit Name of En Mid-Atlantic oc Receipt For Prima Other Full Name (John B B Cla Mailing Add City Charlotte	mployer c Emer Med Ass- gray General (specify) (Last, First, Middle Initial) ark, Jr dress 541 Hempstead Pl	Occupation Emergence Aggregate	28207-2317 Cy Physician Year-to-Date ▼ 231.00 Zip Code	Date of Receipt Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: C848305
FEC ID num federal polit Name of En MId-Atlantic oc Receipt For Prima Other Full Name (John B B Cla Mailing Add City Charlotte FEC ID num federal polit Name of En MId-Atlantic oc Receipt For Prima Other Full Name (John B B Cla Mailing Add City City Charlotte Cother Prima Other)	mployer c Emer Med Ass- gray General (specify) (Last, First, Middle Initial) ark, Jr dress 541 Hempstead Pl	Occupation Emergence Aggregate	cy Physician Year-to-Date ▼ 231.00 Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name of En Mid-Atlantic oc Receipt For Mailing Add City Charlotte FEC ID nun federal polit Name of En Mid-Atlantic oc Receipt For Prima Other Full Name (mployer c Emer Med Ass- gray General (specify) (Last, First, Middle Initial) ark, Jr dress 541 Hempstead Pl	Occupation Emergence Aggregate	year-to-Date ▼ 231.00 Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (John B B Cla Mailing Add City Charlotte FEC ID nun federal polit Name of En Mid-Atlantic oc Receipt For Prima Other Full Name (John B B Cla Mailing Add City	General (specify) (Last, First, Middle Initial) ark, Jr dress 541 Hempstead Pl mber of contributing	Aggregate State NC	year-to-Date ▼ 231.00 Zip Code	1 2 3 1 2 0 0 9 Transaction ID: C848305
Receipt For Prima Other Full Name (John B B Cla Mailing Add City Charlotte FEC ID nun federal polit Name of En MId-Atlantic oc Receipt For Prima Other Full Name (John B B Cla Mailing Add City	General (specify) (Last, First, Middle Initial) ark, Jr dress 541 Hempstead Pl mber of contributing	Aggregate State NC	Year-to-Date ▼ 231.00 Zip Code	1 2 3 1 2 0 0 9 Transaction ID: C848305
Full Name (John B B Cla Mailing Add City Charlotte FEC ID nun federal polit Name of En Mid-Atlantic oc Receipt For Prima Other Full Name (John B B Cla Mailing Add City	(Last, First, Middle Initial) ark, Jr dress 541 Hempstead PI	NC	Zip Code	1 2 3 1 2 0 0 9 Transaction ID: C848305
John B B Clambra Mailing Add City Charlotte FEC ID num federal polit Name of En Mild-Atlantic oc Receipt For Prima Other Full Name (John B B Clambra Add City	ark, Jr dress 541 Hempstead PI mber of contributing	NC	·	1 2 3 1 2 0 0 9 Transaction ID: C848305
City Charlotte FEC ID nun federal polit Name of En MId-Atlantic oc Receipt For Prima Other Full Name (John B B Cla Mailing Add	nber of contributing	NC	·	1 2 3 1 2 0 0 9 Transaction ID: C848305
Charlotte FEC ID nun federal polit Name of En Mid-Atlantic oc Receipt For Prima Other Full Name (John B B Cla Mailing Add City		NC	·	
FEC ID nun federal polit Name of En Mid-Atlantic oc Receipt For Prima Other Full Name (John B B Cla Mailing Add			28207-2317	Amount of Each Receipt this Period
Receipt For Other Full Name (John B B Cla Mailing Add				
Prima Other Full Name (John B B Cla Mailing Add	ical committee.	C		21.00
Full Name (John B B Cla Mailing Add	mployer c Emer Med Ass-	Occupation Emergend	cy Physician	
Full Name (John B B Cla Mailing Add		Aggregate	Year-to-Date ▼	
Mailing Add	ary		231.00	
City	(Last, First, Middle Initial) ark, Jr			Date of Receipt
•	dress 541 Hempstead PI			12 31 2009
		State	Zip Code	Transaction ID: C848306
<u>Charlotte</u>		NC	28207-2317	Amount of Each Receipt this Period
	mber of contributing ical committee.	C		21.00
Name of En Mld-Atlantic oc	nployer c Emer Med Ass-	Occupation Emergend	cy Physician	
Receipt For Prima		Aggregate	Year-to-Date ▼	_
	ry General (specify) ▼		231.00	
SUBTOTAL of				

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) National Emergency Medicine	orts and Statements may not be sold or used by any per using the name and address of any political committee. Political Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initia Joseph Clark Mailing Address 114 Sylvan G City Ebensburg FEC ID number of contributing	,	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 250.00	
Full Name (Last, First, Middle Initia R Carter Clements Mailing Address 5558 Taft Ave	,	Date of Receipt 100672009 Transaction ID: C789525 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer OakCare Med Grp Inc Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 1500.00	1000.00
Full Name (Last, First, Middle Initia Joseph E E Clinton Mailing Address 420 Delaware City Minneapolis	,	Date of Receipt 10 13 2009 Transaction ID: C791395 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Univ of MN Med Schl Dept of EM Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 350.00	100.00
SUBTOTAL of Receipts This Page (optional)	1350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 474 (check only one) X 11a 11b 11c 12
Any information copied from auch Departs and	1 Statementa may		13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	he name and add	ress of any political committee to	osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Politic	cal Action Com	mittee	
Full Name (Last, First, Middle Initial) Dennis G G Cochrane			Date of Receipt
Mailing Address 241 Brook Valley Rd			10 13 2009
City	State	Zip Code	Transaction ID: C791389
Kinnelon	NJ	07405-3331	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Emer Med Assoc	Occupation		
Receipt For:		cy Physician	\dashv
Primary General	Aggregate	Year-to-Date ▼	7
Other (specify) ▼		400.00	
Full Name (Last, First, Middle Initial) Pamela N N Coffey			Date of Receipt
Mailing Address 6239 Pine Hollow Dr			07 30 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C761746
E Lansing	MI	48823-9728	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Hurley Medical Center	Occupation Emergen	cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	1
Full Name (Last, First, Middle Initial)	0 0		
Pamela N N Coffey Mailing Address 6239 Pine Hollow Dr	-		Date of Receipt 1 0 2 9 2 0 0 9
City	State	Zip Code	Transaction ID: C798608
E Lansing	MI	48823-9728	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Hurley Medical Center	Occupation Emergen	cy Physician	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	30 0	375.00	
			550.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and for commercial purposes, other than using t	I Statements may not be sold or used by any phe name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
<u></u>	Full Name (Last, First, Middle Initial) D Clarke Cole		Date of Receipt
	Mailing Address 25 Sawbuck Rd		08 18 2009
	City	State Zip Code	Transaction ID: C768736
	Reno	NV 89519-8003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Reno Emer Phys	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) William W W Colgate		Date of Receipt
	Mailing Address 4411 Bee Rdg Rd #	627	08 14 2009
	City	State Zip Code	Transaction ID: C766290
	Sarasota	FL 34233-2514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Dr. William W Colgate	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 800.00	
_	Full Name (Last, First, Middle Initial) William W W Colgate		Date of Receipt
	Mailing Address 4411 Bee Rdg Rd #	627	09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: C780440
	Sarasota	FL 34233-2514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Dr. William W Colgate	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	800.00	
			900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 474 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Suzanne B B Combs Mailing Address 6427 N Ewing St			Date of Receipt
City Indianapolis FEC ID number of contributing	State IN	Zip Code 46220-4425	Transaction ID: C761792 Amount of Each Receipt this Period 365.00
Receipt For: Primary Other (specify) ▼ Rederal political committee. Replacement of Employer Emergency Services Inc Receipt For: General Other (specify) ▼	Occupation Emergend	cy Physician Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Amy Ruben Ruben Conley Mailing Address 6419 Renwick Cir			Date of Receipt 0 7 3 0 2 0 0 9
City	State	Zip Code	Transaction ID: C761840
Tampa FEC ID number of contributing federal political committee.	C	33647-1173	Amount of Each Receipt this Period 1000.00
Name of Employer Tampa Bay Emerg Phys Receipt For:		ocy Physician Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Marco Coppola Mailing Address 7105 Waldon Cour	t		Date of Receipt 0 9 1 7 2 0 0 9
City	State	Zip Code	Transaction ID: C780302
Colleyville FEC ID number of contributing federal political committee.	C	76034-7319	Amount of Each Receipt this Period 1000.00
Name of Employer Questcare Partners	Occupation Physician		7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional	al)		2365.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE /6/4/4 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	ical Action Com	nmittee	
Full Name (Last, First, Middle Initial) Mitchell B B Cordover			Date of Receipt
Mailing Address 14616 Adgers What	rf		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chesterfield	State MO	Zip Code 63017-5606	Transaction ID: C761221 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dr. Mitchell B Cordover	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Cataldo Corrado, Jr	L		Date of Receipt
Mailing Address 6 Deer Path			07 14 2009
City Farmington	State PA	Zip Code 15437-1351	Transaction ID: C750680
FEC ID number of contributing federal political committee.	C	10407-1001	Amount of Each Receipt this Period 250.00
Name of Employer Uniontown Hosp	Occupation	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mario Anthony Anthony Cosenza			Date of Receipt
Mailing Address 3 Lake Shore Dr S			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: C791392
Randolph FEC ID number of contributing federal political committee.	NJ C	07869-4763	Amount of Each Receipt this Period 700.00
Name of Employer Emer Med Assoc	Occupation	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 700.00	
			1200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any personal the name and address of any political committee to cical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian J J Cote Mailing Address 6429 Hidden Hollov City Holland FEC ID number of contributing federal political committee. Name of Employer Holland Hosp ED Receipt For: Primary General Other (specify)	State Zip Code MI 49423-7901 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert J J Cox Mailing Address 817 Thomaston Str City Barnesville FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	State Zip Code GA 30204-1729 C Occupation physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Robert J J Cox Mailing Address 817 Thomaston Str City Barnesville FEC ID number of contributing federal political committee. Name of Employer self	State Zip Code GA 30204-1729 C Occupation	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 General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	physician Aggregate Year-to-Date ▼ 1750.00	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 474 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Richard Cressey		Date of Receipt
Mailing Address 18 Summer St Apt 4 Apt 4 City	State Zip Code	10 15 2009
Andover	MA 01810-3687	Transaction ID: C792238 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Lawrence Genl Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Pascal George Crosley		Date of Receipt
Mailing Address 2701 N Decatur Rd		07 30 7 2009
City	State Zip Code	Transaction ID: C761815
<u>Decatur</u>	GA 30033-5918	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	367.64
Name of Employer DeKalb Med	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	463.64	
Full Name (Last, First, Middle Initial) Pascal George Crosley		Date of Receipt
Mailing Address 2701 N Decatur Rd		1 1 1 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C807249
Decatur	GA 30033-5918	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.00
Name of Employer DeKalb Med	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 463.64	
		1463.64

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate for each cate Detailed Sum	gory of the
ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or une name and address of any politic	sed by any person for the purpose of soliciting contributions ical committee to solicit contributions from such committee.
National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Michael A A Cruz		Date of Receipt
Mailing Address 5225 W Ancient Oak		08 17 2009
City Peoria	State Zip Code IL 61615-2248	Transaction ID: C768698 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer St Francis Med Ctr ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) Michael A A Cruz		Date of Receipt
Mailing Address 5225 W Ancient Oak	Dr	11 30 2009
City	State Zip Code	Transaction ID: C810259
Peoria	IL 61615-2248	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer St Francis Med Ctr ED	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	,
Primary General Other (specify) ▼		250.00
Full Name (Last, First, Middle Initial) Daniel E E Culhane		Date of Receipt
Mailing Address 22 Highland Dr		07 30 YYYYY 2009
City	State Zip Code	Transaction ID: C761825
San Luis Obispo FEC ID number of contributing	CA 93405-1018	
federal political committee.	C	367.65
Name of Employer French Hosp ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	463.65
		617.65

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 474 (check only one) X 11a 11b 11c 12 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	d Statements may not be sold or used by any person the name and address of any political committee to s cal Action Committee	for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Daniel E E Culhane Mailing Address 22 Highland Dr		Date of Receipt
City San Luis Obispo FEC ID number of contributing	State Zip Code CA 93405-1018	Transaction ID: C807345 Amount of Each Receipt this Period
Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date	96.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Michelle M M Curry Mailing Address 106 Creekside Ct	463.65	Date of Receipt 0 7 1 4 2 0 0 9
City Greenwood FEC ID number of contributing federal political committee.	State Zip Code SC 29649-9540	Transaction ID: C750678 Amount of Each Receipt this Period 250.00
Name of Employer Self Reg Hith Care Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Wesley A A Curry Mailing Address 1082 Richmond Dr		Date of Receipt
City	State Zip Code	07 30 2009 Transaction ID: C761869
Claremont FEC ID number of contributing federal political committee.	CA 91711-3350	Amount of Each Receipt this Period 367.65
Name of Employer Pomona Valley Hosp Med Ctr ED Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 463.65	_
SUBTOTAL of Receipts This Page (optional)) >	713.65
TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 81 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of	any political committee to	on for the purpose of soliciting contributions
National Emergency Medicine Politica	a Action Committee)	
Full Name (Last, First, Middle Initial) Wesley A A Curry Mailing Address 1082 Richmond Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	·	Code	Transaction ID: C807090
Claremont	CA 91	711-3350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		96.00
Name of Employer Pomona Valley Hosp Med Ctr ED	Occupation Emergency Phy	/sician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) James Michael Michael Cusick			Date of Receipt
Mailing Address 10309 E Lake Dr			09 11 2009
City	State Zip	Code	Transaction ID: C778494
Englewood	CO 80	111-5499	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Natl Med Dir AMR	Occupation Emergency Phy	<i>r</i> sician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Pamela V V Cutler	l		Date of Receipt
Mailing Address 6405 Avenida La Cuc	hilla NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	•	Code	Transaction ID: C761724
Los Ranchos	<u>NM 87</u>	'107-5601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Schumacher Group	Occupation Emergency Phy		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	D-Date ▼ 1016.65	
SUBTOTAL of Receipts This Page (optional)	•		279.33

Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political Full Name (Last, First, Middle Initial) Pamela V V Cutler Mailing Address 6405 Avenida La Cuchi City Los Ranchos FEC ID number of contributing federal political committee. Name of Employer Schumacher Group	Action Con	dress of any political committee to	Date of Receipt M M M
Pamela V V Cutler Mailing Address 6405 Avenida La Cuchi City Los Ranchos FEC ID number of contributing federal political committee. Name of Employer	State NM	·	08 31 7 2009
ochamacher Group	Occupatio		Amount of Each Receipt this Period 83.33
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1016.65	
Full Name (Last, First, Middle Initial) Pamela V V Cutler Mailing Address 6405 Avenida La Cuchi	illa NW		Date of Receipt 1 0 0 4 2 0 0 9
City	State	Zip Code	Transaction ID: C787825
Los Ranchos	NM	87107-5601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Schumacher Group	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1016.65	
Full Name (Last, First, Middle Initial) Rachel A A Dahms			Date of Receipt
Mailing Address 804 Ross Rd			11 04 2009
City	State	Zip Code	Transaction ID: C800803
Hudson FEC ID number of contributing federal political committee.	C	54016-7655	Amount of Each Receipt this Period 500.00
Name of Employer Regions Hosp ED	Occupatio Emerger	n acy Physician	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1083.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 474 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any persue name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Colwell Colwell Dalsey Mailing Address 945 Lenmar Dr City Blue Bell FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc Receipt For: Primary General Other (specify)	State Zip Code PA 19422-2000 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William Colwell Colwell Dalsey Mailing Address 945 Lenmar Dr City Blue Bell FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc	State Zip Code PA 19422-2000 C Occupation Emergency Physician	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 General Other (specify) Full Name (Last, First, Middle Initial) Eric J J Daniel Mailing Address 6134 Goliad Ave City Dallas FEC ID number of contributing federal political committee.	Aggregate Year-to-Date ▼ 300.00 State Zip Code TX 75214-3630 C	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer EmCare Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)		550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	Action Committee	
Matthew James Danigelis Mailing Address 89677 Sutton Lake Rd		Date of Receipt 0 7 2 2 2 0 0 9
City	State Zip Code	Transaction ID: C759984
Florence FEC ID number of contributing federal political committee.	OR 97439-8629	Amount of Each Receipt this Period 250.00
Name of Employer Peace Harbor Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Joseph R R Danna Mailing Address 555 W Court St # 410		Date of Receipt
City	State Zip Code	07 28 2009
Kankakee	IL 60901-3675	Transaction ID: C761240 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St Marys Hosp	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Steven Edward Edward Davis		Date of Receipt
Mailing Address 444 Dillon Cir NE		07 02 7 2009
City <u>N Canton</u>	State Zip Code OH 44720-7863	Transaction ID: C746970
FEC ID number of contributing federal political committee.	C 44720-7003	Amount of Each Receipt this Period 500.00
Name of Employer Canton Aultman Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 474 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Monica Rodriguez De Jesus Mailing Address 381 Ave Dona Felis San Juan, PR 0092 City San Juan		Zip Code 00926-6656	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Univ of Puerto Rico Receipt For: Primary General Other (specify) ▼	_ '	nocy Physician e Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Kory V V Deason Mailing Address 4115 Breakwater D	r		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C749610
Okemos	MI	48864-4413	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Hayes Green Beach Mem Hosp		ıcy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Kenneth L L DeHart	•		Date of Receipt
Mailing Address 4615 Oleander Dr	#201A		07 17 2009
City	State	Zip Code	Transaction ID: C754966
Myrtle Bch	SC	29577-5741	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Carolina Health Specialis- ts		ıcy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)		1500.00
TOTAL This Period (last page this line num	iber only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 474 (check only one) X 11a
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Com	mittee	
۷.	Full Name (Last, First, Middle Initial) Stephen J J DeHorn			Date of Receipt
	Mailing Address 750 Laprairie City	State	Zip Code	10 06 2009
	Ferndale	MI	48220-3215	Transaction ID: C789468 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10220 02 10	500.00
	Name of Employer Med Ctr Emer Svcs	Occupation Emergend	cy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Matthew Deibel			Date of Receipt
	Mailing Address 4090 Morningside Ln			10 21 2009
	City	State	Zip Code	Transaction ID: C794387
	Saginaw FEC ID number of contributing federal political committee.	C	48603-1185	Amount of Each Receipt this Period 500.00
	Name of Employer Covenant Hithcre Emer Phys Grp	Occupation Emergend	cy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Gerald Delk			Date of Receipt
	Mailing Address 3304 Laurel Cir Apt 534			12 09 2009
	City	State	Zip Code	Transaction ID: C814927
	Austin FEC ID number of contributing federal political committee.	C	78731-5721	Amount of Each Receipt this Period 250.00
	Name of Employer Emer Services Partners	Occupation Emergend	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Г		1		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 87 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Con	nmittee	
۸.	Full Name (Last, First, Middle Initial) Wendy DeMartino			Date of Receipt
	Mailing Address 7 Charterpoint Rd	O	7. 0. 1	07 30 2009
	City Watervliet	State NY	Zip Code 12189-1691	Transaction ID: C761752 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Albany Memorial Hospital	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 765.00	
	Full Name (Last, First, Middle Initial) Wendy DeMartino	1		Date of Receipt
	Mailing Address 7 Charterpoint Rd			08 28 2009
	City	State	Zip Code	Transaction ID: C773702
	Watervliet FEC ID number of contributing federal political committee.	C	12189-1691	Amount of Each Receipt this Period 85.00
	Name of Employer Albany Memorial Hospital	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 765.00	
 :_	Full Name (Last, First, Middle Initial) Wendy DeMartino	1		Date of Receipt
	Mailing Address 7 Charterpoint Rd			09 28 2009
	City	State	Zip Code	Transaction ID: C785407
	Watervliet FEC ID number of contributing federal political committee.	C	12189-1691	Amount of Each Receipt this Period 85.00
	Name of Employer Albany Memorial Hospital	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 765.00	
		I		255.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 88 / 474 (check only one) X
or for commercial purposes, other than us NAME OF COMMITTEE (In Full) National Emergency Medicine Po	ing the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Fred Dennis		Date of Receipt
Mailing Address 22287 Mullhollar	nd Dr Ste 187	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: C761731
Calabasas FEC ID number of contributing federal political committee.	CA 91302	Amount of Each Receipt this Period 250.00
Name of Employer Dr. Fred Dennis	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Fred Dennis		Date of Receipt
Mailing Address 22287 Mullhollar	nd Dr Ste 187	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: C787821
Calabasas FEC ID number of contributing federal political committee.	CA 91302	Amount of Each Receipt this Period 1000.00
Name of Employer Dr. Fred Dennis	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Charlotte Derr		Date of Receipt
Mailing Address 320 W Kennedy	Blvd # 700	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tampa	State Zip Code FL 33606-1459	Transaction ID: C754960 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Emer Assoc for Med	Occupation Emergency Physician	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (onti-	onal)	2250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 474 (check only one) X
A oı	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personness 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 Com	nmittee	
۸.	Full Name (Last, First, Middle Initial) Charlotte Derr			Date of Receipt
	Mailing Address 320 W Kennedy Blvd			08 / 12 / 2009
	City Tampa	State FL	Zip Code 33606-1459	Transaction ID: C766164
	FEC ID number of contributing federal political committee.	C	33000-1439	Amount of Each Receipt this Period 100.00
	Name of Employer Emer Assoc for Med	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
— 3.	Full Name (Last, First, Middle Initial) H Scott Derstine			Date of Receipt
	Mailing Address 510 W 4th St			10 06 2009
	City	State	Zip Code	Transaction ID: C789514
	Royal Oak FEC ID number of contributing federal political committee.	C	48067-2402	Amount of Each Receipt this Period 500.00
	Name of Employer Med Ctr Emer Svcs	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
. — ;.	Full Name (Last, First, Middle Initial) Joe E E Dib			Date of Receipt
	Mailing Address 10 Regent St apt #802			10 04 7 2009
	City Jersey City	State NJ	Zip Code 07302-7328	Transaction ID: C787806 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07002 7020	600.00
	Name of Employer Emergency Medical Associa- tes	Occupation Physician	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)	1		1200.00

Fu Je Ma	commercial purposes, other than using the AME OF COMMITTEE (In Full) ational Emergency Medicine Political II Name (Last, First, Middle Initial) ffrey W W Dietz ailing Address PO Box 5086	e name and address of any	de -5086	Date of Receipt M M M D D D 2009 Transaction ID: C761812 Amount of Each Receipt this Period 367.65
Na Jee Ma Cit No PEE Fee Dr	ational Emergency Medicine Political II Name (Last, First, Middle Initial) Iffrey W W Dietz ailing Address PO Box 5086 Ty Dvato IC ID number of contributing deral political committee. Image of Employer Jeffrey W Dietz Deceipt For: Primary Other (specify) II Name (Last, First, Middle Initial)	State Zip CocCA 94948. C Occupation Emergency Physici	-5086 dan te ▼	Transaction ID: C761812 Amount of Each Receipt this Period
Git No PE fec	ffrey W W Dietz alling Address PO Box 5086 EV Dovato EC ID number of contributing deral political committee. Imme of Employer Jeffrey W Dietz Brimary General Other (specify) Il Name (Last, First, Middle Initial)	CA 94948 C Occupation Emergency Physici	-5086 dan te ▼	Transaction ID: C761812 Amount of Each Receipt this Period
Cit No FE fec Na Dr	ailing Address PO Box 5086 EV Dovato EC ID number of contributing deral political committee. Imme of Employer . Jeffrey W Dietz Beceipt For: Primary Other (specify) Il Name (Last, First, Middle Initial)	CA 94948 C Occupation Emergency Physici	-5086 dan te ▼	Transaction ID: C761812 Amount of Each Receipt this Period
Ne FE fec	Covato CC ID number of contributing deral political committee. Imme of Employer . Jeffrey W Dietz Receipt For: Primary General Other (specify) Il Name (Last, First, Middle Initial)	CA 94948 C Occupation Emergency Physici	-5086 dan te ▼	Amount of Each Receipt this Period
FE fec Na Dr	cc ID number of contributing deral political committee. In me of Employer Jeffrey W Dietz Deceipt For: Primary General Other (specify) Il Name (Last, First, Middle Initial)	Occupation Emergency Physici	an te ▼	
Na Dr Re	deral political committee. Ime of Employer . Jeffrey W Dietz Dieceipt For: Primary Other (specify) Il Name (Last, First, Middle Initial)	Occupation Emergency Physici	te ▼ 563.65	367.65
Re	ceipt For: Primary General Other (specify) ▼ Il Name (Last, First, Middle Initial)	Emergency Physici	te ▼ 563.65]
	Primary General Other (specify) ▼ Il Name (Last, First, Middle Initial)	, ' 	te ▼ 563.65]
	illey vv vv Dietz			Date of Receipt
Ma	ailing Address PO Box 5086			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	у	State Zip Co	de	Transaction ID: C807185
<u>N</u>	ovato	CA 94948	-5086	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C		96.00
Na Dr	me of Employer . Jeffrey W Dietz	Occupation Emergency Physici	an	7
Re	eceipt For: Primary General Other (specify)	Aggregate Year-to-Dat	te ▼ 563.65	
	II Name (Last, First, Middle Initial)			Date of Receipt
Ma	ailing Address 511 Orion Pl			07 09 YYYY 2009
Cit	•	State Zip Co	de	Transaction ID: C749645
<u>C</u>	olorado Spgs	CO 80906	-1061	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	С		250.00
Na Fr ist	ume of Employer ont Range Emerg Special- s	Occupation Emergency Physici	an	7
	eceipt For:	Aggregate Year-to-Date	te 🔻	
	Primary General Other (specify) ▼		350.00]
SUR	TOTAL of Receipts This Page (optional)	1		713.65

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 474 (check only one) X
ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
National Emergency Medicine Politica	I Action Com	nmittee	
Full Name (Last, First, Middle Initial) Jack T T Dillon Mailing Address 511 Orion PI			Date of Receipt
			12 18 2009
Colorado Spas	State CO	Zip Code	Transaction ID: C818937
Colorado Spgs FEC ID number of contributing		80906-1061	Amount of Each Receipt this Period
federal political committee.	C		100.00
Name of Employer Front Range Emerg Special-	Occupation	n cy Physician	
ists Receipt For:	 	Year-to-Date ▼	
Primary General Other (specify) ▼	199.194	350.00	
Full Name (Last, First, Middle Initial) Jno Jacob Jacob Disch			Date of Receipt
Mailing Address 3892 Savoy Dr			07 07 2009
City	State	Zip Code	Transaction ID: C747627
Fairview Park	OH	44126-1766	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Akron Gen Med Ctr	Occupation Emergen	n cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00]
Full Name (Last, First, Middle Initial) Tin Minh Do, DO	ı		Date of Receipt
Mailing Address 392 2nd Ave			0 7 3 0 2 0 0 9
City	State	Zip Code	Transaction ID: C761874
San Francisco	CA	94118-2414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		367.65
Name of Employer St Marys Med Ctr	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	- · · · · · · ·	Year-to-Date ▼ 463.65	
SUBTOTAL of Receipts This Page (optional)			967.65

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person ng the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Pol	litical Action Committee	
Full Name (Last, First, Middle Initial) Tin Minh Do, DO		Date of Receipt
Mailing Address 392 2nd Ave		11 18 2009
City	State Zip Code	Transaction ID: C807298
San Francisco	CA 94118-2414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.00
Name of Employer St Marys Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) Anonymous Donor	L	Date of Receipt
Mailing Address 1125 Executive Ci	ir	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: C791387
Irving	TX 75038-2522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	700.00
Name of Employer FOR EMF DONATIONS ONLY	Occupation Information Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 96.00	
Full Name (Last, First, Middle Initial) Anonymous Donor		Date of Receipt
Mailing Address 1125 Executive Ci	ir	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: C796619
Irving	TX 75038-2522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	-700.00
Name of Employer FOR EMF DONATIONS ONLY	Occupation Information Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 96.00	
SUBTOTAL of Receipts This Page (option	nal)	96.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 474 (check only one) X
A	ny information copied from such Reports and r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not e name and addres	be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Commi	ttee	
۱.	Full Name (Last, First, Middle Initial) Anonymous Donor Mailing Address 1125 Executive Cir			Date of Receipt
	City	State	Zip Code	1 1 3 0 2 0 0 9 Transaction ID: C810254
	Irving	TX	75038-2522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		96.00
	Name of Employer FOR EMF DONATIONS ONLY	Occupation Information	Requested	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 96.00	
 s.	Full Name (Last, First, Middle Initial) Robert A A Donovan			Date of Receipt
	Mailing Address 6859 Zerillo Dr			11 18 2009
	City	State	Zip Code	Transaction ID: C807201
	Riverbank FEC ID number of contributing federal political committee.	CA	95367-2119	Amount of Each Receipt this Period 96.00
	Name of Employer Doctors Med Ctr	Occupation Emergency	Physician	
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 346.00	
_	Full Name (Last, First, Middle Initial) Aziz Doumit			Date of Receipt
	Mailing Address 4006 Hwy D			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: C764049
	Defiance	MO	63341-1726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Hanibal Regional Hosp	Occupation Emergency	Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 500.00	
\[SUBTOTAL of Receipts This Page (optional) .			692.00

Any information copied from such Repoor for commercial purposes, other than NAME OF COMMITTEE (In Full) National Emergency Medicine Full Name (Last, First, Middle Initial) Jennifer Dow Mailing Address PO Box 1229 City Girdwood FEC ID number of contributing federal political committee. Name of Employer Alaska Regl Hosp Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Richard Dow Mailing Address 1805 Willow Lichting City Bronx FEC ID number of contributing	State Zip Code AK 99587-1229 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt Date of Receipt 1 0 0 3 2 0 0 9
Full Name (Last, First, Middle Initial) Jennifer Dow Mailing Address PO Box 1229 City Girdwood FEC ID number of contributing federal political committee. Name of Employer Alaska Regl Hosp Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Richard Dow Mailing Address 1805 Willow Lt City Bronx	State Zip Code AK 99587-1229 C Occupation Emergency Physician Aggregate Year-to-Date	Transaction ID: C802065 Amount of Each Receipt this Period
A. Jennifer Dow Mailing Address PO Box 1229 City Girdwood FEC ID number of contributing federal political committee. Name of Employer Alaska Regl Hosp Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Richard Dow Mailing Address 1805 Willow Lit City Bronx	AK 99587-1229 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Transaction ID: C802065 Amount of Each Receipt this Period
City Girdwood FEC ID number of contributing federal political committee. Name of Employer Alaska Regl Hosp Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Richard Dow Mailing Address 1805 Willow Li City Bronx	AK 99587-1229 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Transaction ID: C802065 Amount of Each Receipt this Period
Girdwood FEC ID number of contributing federal political committee. Name of Employer Alaska Regl Hosp Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Richard Dow Mailing Address 1805 Willow Lr City Bronx	AK 99587-1229 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Alaska Regl Hosp Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Richard Dow Mailing Address 1805 Willow Let City Bronx	Occupation Emergency Physician Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Richard Dow Mailing Address 1805 Willow Lt City Bronx	Emergency Physician Aggregate Year-to-Date ▼	┪
Primary General Other (specify) Full Name (Last, First, Middle Initial) Richard Dow Mailing Address 1805 Willow Lr City Bronx		
Richard Dow Mailing Address 1805 Willow Lr City Bronx	1000.00	
City Bronx		Date of Receipt
Bronx	1	10 30 2009
	State Zip Code NY 10461-4617	Transaction ID: C798726
federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Dr. Richard Dow	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Marc M M Dreier		Date of Receipt
Mailing Address 295 Richards F	Rd	09 / 25 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C783043
Ridgewood FEC ID number of contributing federal political committee.	NJ 07450-1009	Amount of Each Receipt this Period 100.00
Name of Employer The Valley Hosp	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	
SUBTOTAL of Receipts This Page (or		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Committee	
۱.	Full Name (Last, First, Middle Initial) Jan Drlik	O.	Date of Receipt
	Mailing Address 2610 Walden Woods		10 04 2009
	City Midland	State Zip Code MI 48640-6953	Transaction ID: C787805 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer EPMG	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Reva Dubin	1	Date of Receipt
	Mailing Address 547 Park Rd		08 18 2009
	City	State Zip Code	Transaction ID: C768752
	Mays Landing FEC ID number of contributing federal political committee.	NJ 08330-1917	Amount of Each Receipt this Period
	Name of Employer atlantic emergency associtaes	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
. –	Full Name (Last, First, Middle Initial) John Duda		Date of Receipt
	Mailing Address 106 Harbor Dr		10 24 2009
	City	State Zip Code	Transaction ID: C796670
	Morehead City FEC ID number of contributing federal political committee.	NC 28557-9649	Amount of Each Receipt this Period 1000.00
	Name of Employer Dr. John Duda	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1	1350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any perso g the name and address of any political committee to tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kelly Lane Lane Dyess Mailing Address 914 Inwood Ter City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Emer Med Spec Receipt For: Primary Other (specify)	State Zip Code FL 32207-4251 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M D D 2 0 0 9
Full Name (Last, First, Middle Initial) Barbara Sarah Sarah Echo Mailing Address 215 E Meadowlane City Spokane FEC ID number of contributing federal political committee. Name of Employer Spokane Emergency Physicians Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Simon R R Edginton Mailing Address 1435 Caladesi Dr City Wesley Chapel FEC ID number of contributing federal political committee. Name of Employer Dr. Simon R Edginton Receipt For: Primary General Other (specify)	State Zip Code FL 33544-6663 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	al)	1750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and S or commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
4 . <u>I</u>	Full Name (Last, First, Middle Initial) rv E E Edwards			Date of Receipt
_	Mailing Address 111 N Sepulveda Ste 2 Ste 210			07 30 2009
	City Manhattan Bch	State CA	Zip Code 90266-6849	Transaction ID: C761766 Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C	00200 0040	1500.00
7	Name of Employer Chino Valley Med Ctr	Occupatio Emerger	n ncy Physician	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4500.00	
3. <u>և</u>	Full Name (Last, First, Middle Initial) Dean Egbert			Date of Receipt
N	Mailing Address 121 West Lake View W	12 16 2009		
	City	State	Zip Code	Transaction ID: C818250
F	Woodland Hills FEC ID number of contributing ederal political committee.	C	84653-2031	Amount of Each Receipt this Period 500.00
<u> </u> 	Name of Employer Mountain View Hospital	Occupatio Physicia		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Erik Egsieker			Date of Receipt
N	Mailing Address 12782 SE Wellington (Ct		07 30 7 2009
	City	State OR	Zip Code	Transaction ID: C761830
F	Happy Valley FEC ID number of contributing ederal political committee.	C	97086-6356	Amount of Each Receipt this Period 367.64
<u> </u>	Name of Employer Dr. Erik Egsieker	Occupatio Emerger	n ncy Physician	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 663.64	
su	BTOTAL of Receipts This Page (optional)			2367.64
ТО	TAL This Period (last page this line number	only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 474 (check only one) X
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
۸. <u>-</u>	Full Name (Last, First, Middle Initial) Erik Egsieker Mailing Address 12782 SE Wellington (Ct		Date of Receipt
	City Happy Valley	State OR	Zip Code 97086-6356	Transaction ID: C787863 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		100.00
_	Name of Employer Or. Erik Egsieker Receipt For: Primary General Other (specify)	, ' 	nn ncy Physician e Year-to-Date ▼ 663.64	
. <u>E</u>	Full Name (Last, First, Middle Initial) Erik Egsieker Mailing Address 12782 SE Wellington (Ct		Date of Receipt 1 1 1 1 8 2 0 0 9
Ċ	Dity	State	Zip Code	Transaction ID: C815106
F	Happy Valley FEC ID number of contributing ederal political committee.	OR	97086-6356	Amount of Each Receipt this Period 96.00
<u>N</u>	lame of Employer Dr. Erik Egsieker	Occupation Emerger	n ncy Physician	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 663.64	
. <u>L</u>	Full Name (Last, First, Middle Initial) .aura Stone Stone Ellis Mailing Address 113 Cassina Dr			Date of Receipt
_				07 14 2009
	City Middletown	State DE	Zip Code 19709-9184	Transaction ID: C750698 Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C	10700 0104	250.00
Ŋ	lame of Employer Jnion Hosp	Occupation Emerger	n ncy Physician	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SU	BTOTAL of Receipts This Page (optional)	1		446.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and addr	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Com	mittee	
۸.	Full Name (Last, First, Middle Initial) Richard S S Elman			Date of Receipt
	Mailing Address 6191 Senate Cir City	State	Zip Code	0 9 1 9 2 0 0 9 Towns at the ID C790437
	East Amherst	NY	14051-1979	Transaction ID: C780437 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1.000.1070	250.00
	Name of Employer Buffalo Mercy Hosp ED	Occupation Emergence	y Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial) Richard S S Elman			Date of Receipt
	Mailing Address 6191 Senate Cir			11 03 2009
	City	State	Zip Code	Transaction ID: C800600
	East Amherst FEC ID number of contributing federal political committee.	C	14051-1979	Amount of Each Receipt this Period
	Name of Employer Buffalo Mercy Hosp ED	Occupation Emergence	y Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 600.00	
 ;.	Full Name (Last, First, Middle Initial) Jeff Engel			Date of Receipt
	Mailing Address 528 North Blvd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C760168
	Huntington FEC ID number of contributing federal political committee.	C	25701	Amount of Each Receipt this Period 3000.00
	Name of Employer Ashland Emergency Medical Associates	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 3000.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .			3350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 4 / 4 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Com	nmittee	
Full Name (Last, First, Middle Initial) David M M Englander			Date of Receipt
Mailing Address 311 S Broadway Ap Apt B	t B		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Redondo Bch	State CA	Zip Code 90277-3758	Transaction ID: C807284 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90217-3736	96.00
Name of Employer Dr. David M Englander	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 346.00	
Full Name (Last, First, Middle Initial) Rachel A A English			Date of Receipt
Mailing Address 1825 N. 74th St			10 13 7 2009
City Wauwatosa	State WI	Zip Code 53213-2219	Transaction ID: C791369
FEC ID number of contributing federal political committee.	C	33213-2219	Amount of Each Receipt this Period 300.00
Name of Employer Emergency Medicine Specia- lists	Occupation ER MD	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Celia B B Entwistle			Date of Receipt
Mailing Address 1364 Braeburn Rd N	1W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State NC	Zip Code	Transaction ID: C787035
Concord FEC ID number of contributing federal political committee.	C	28027-8803	Amount of Each Receipt this Period 17.00
Name of Employer MidAtlantic Emer Med Assoc	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 204.00	
SUBTOTAL of Receipts This Page (optional			413.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for	information copied from such Reports and St r commercial purposes, other than using the AME OF COMMITTEE (In Full) Jational 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.
A. <u>C</u> M C C C F fe	ull Name (Last, First, Middle Initial) telia B B Entwistle lailing Address 1364 Braeburn Rd NW tity Concord EC ID number of contributing teleral political committee. ame of Employer flidAtlantic Emer Med Assoc	State NC	Zip Code 28027-8803	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
R	eceipt For: Primary General Other (specify)		ncy Physician e Year-to-Date ▼ 204.00	
3. <u>C</u> M	ull Name (Last, First, Middle Initial) ielia B B Entwistle lailing Address 1364 Braeburn Rd NW	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
<u>C</u> Fi fe	Concord EC ID number of contributing ederal political committee.	NC C	28027-8803	Transaction ID: C787087 Amount of Each Receipt this Period 17.00
IV	ame of Employer flidAtlantic Emer Med Assoc eceipt For: Primary General Other (specify) ▼		on ncy Physician e Year-to-Date ▼ 204.00	
<u>c</u>	ull Name (Last, First, Middle Initial) lelia B B Entwistle lailing Address 1364 Braeburn Rd NW			Date of Receipt
<u>C</u>	ity Concord EC ID number of contributing	State NC	Zip Code 28027-8803	Transaction ID: C848265 Amount of Each Receipt this Period
_	ame of Employer flidAtlantic Emer Med Assoc	Occupation	on ncy Physician	
R	eceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 204.00	
SUE	BTOTAL of Receipts This Page (optional)			51.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 4 / 4 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Celia B B Entwistle		Date of Receipt
Mailing Address 1364 Braeburn Rd I	12 31 2009	
City	State Zip Code NC 28027-8803	Transaction ID: C848267
Concord FEC ID number of contributing federal political committee.	NC 28027-8803	Amount of Each Receipt this Period 17.00
Name of Employer MidAtlantic Emer Med Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	
Full Name (Last, First, Middle Initial) Celia B B Entwistle		Date of Receipt
Mailing Address 1364 Braeburn Rd I	NW	12 31 2009
City Concord	State Zip Code NC 28027-8803	Transaction ID: C848268
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 17.00
Name of Employer MidAtlantic Emer Med Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	
Full Name (Last, First, Middle Initial) Clifford Erickson		Date of Receipt
Mailing Address 31 Forest Dr		07 30 2009
City	State Zip Code	Transaction ID: C761719
Voorheesville FEC ID number of contributing federal political committee.	NY 12186-9530	Amount of Each Receipt this Period 85.00
Name of Employer Dr. Clifford Erickson	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1014.99	
		119.00

SCHEDULE A	(FEC Form 3X) CEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purp	oses, other than using the name	and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, Fi Clifford Erickson Mailing Address City Voorheesville FEC ID number of	31 Forest Dr	State Zip Code NY 12186-9530	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Dr. Clifford Erickso Receipt For: Primary Other (specification)	n Oc Er General	ccupation nergency Physician ggregate Year-to-Date 1014.99	
Full Name (Last, Fi Clifford Erickson Mailing Address (City Voorheesville	31 Forest Dr	State Zip Code NY 12186-9530	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 federal political com Name of Employer Dr. Clifford Erickso Receipt For: Primary Other (specification)	contributing mittee. Occurrence of the contributing mittee. Occurrence of the contributing mittee.		85.00
Full Name (Last, Fi Clifford Erickson Mailing Address City Voorheesville FEC ID number of federal political com	81 Forest Dr	State Zip Code NY 12186-9530	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Dr. Clifford Erickso Receipt For: Primary Other (specification)	Er Aç	ccupation nergency Physician ggregate Year-to-Date ▼ 1014.99	
SUBTOTAL of Recei	ots This Page (optional)	•	253.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Clifford Erickson Mailing Address 31 Forest Dr City Voorheesville FEC ID number of contributing federal political committee. Name of Employer Dr. Clifford Erickson Receipt For: Primary General Other (specify)	State Zip Code NY 12186-9530 C Occupation Emergency Physician Aggregate Year-to-Date 1014.99	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Clifford Erickson Mailing Address 31 Forest Dr City Voorheesville FEC ID number of contributing federal political committee. Name of Employer Dr. Clifford Erickson Receipt For: Primary General Other (specify)	State Zip Code NY 12186-9530 C Occupation Emergency Physician Aggregate Year-to-Date 1014.99	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Barnet Eskin Mailing Address 10 Undercliff Terrace West Orange City NJ FEC ID number of contributing federal political committee. Name of Employer Emergency Medical Associates Receipt For: Primary General Other (specify)	State Zip Code NJ 07052-3930 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M O T O 4 2009 Transaction ID: C747010 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)		266.66

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Action Committee	
Full Name (Last, First, Middle Initial) Barnet Eskin		Date of Receipt
Mailing Address 10 Undercliff Terrac West Orange		07 21 2009
City NJ	State Zip Code NJ 07052-3930	Transaction ID: C759419
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 600.00
Name of Employer Emergency Medical Associa- tes	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Michael D D Estep Mailing Address PO Box 611441		Date of Receipt
	7: 0 1	07 09 2009
City Pompano Bch	State Zip Code FL 33061-1441	Transaction ID: C749632 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Imperial Point Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Michael D D Estep		Date of Receipt
Mailing Address PO Box 611441		10 28 2009
City	State Zip Code	Transaction ID: C797465
Pompano Bch FEC ID number of contributing federal political committee.	FL 33061-1441	Amount of Each Receipt this Period 100.00
Name of Employer Imperial Point Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 474 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Matthew H H Evenhouse Mailing Address 28917 Northfield Rd			Date of Receipt 0 9 3 0 2 0 0 9
City Bay Village FEC ID number of contributing federal political committee.	State OH	Zip Code 44140-1331	Transaction ID: C787004 Amount of Each Receipt this Period 250.00
Name of Employer Dr. Matthew H Evenhouse Receipt For: Primary General Other (specify) ▼		cy Physician Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Elizabeth L L Fagan Mailing Address 760 Stinson Rd	 		Date of Receipt 1 0 0 7 2 0 0 9
City Lucas FEC ID number of contributing	State TX	Zip Code 75002-7312	Transaction ID: C790115 Amount of Each Receipt this Period
federal political committee. Name of Employer Richardson Regl Med Ctr Receipt For: Primary General Other (specify) ▼		n cy Physician Year-to-Date ▼ 1000.00	500.00
Full Name (Last, First, Middle Initial) Elizabeth L L Fagan Mailing Address 760 Stinson Rd	•		Date of Receipt 1 1 3 0 2 0 0 9
City Lucas FEC ID number of contributing federal political committee.	State TX	Zip Code 75002-7312	Transaction ID: C810232 Amount of Each Receipt this Period 500.00
Name of Employer Richardson Regl Med Ctr Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	''	n cy Physician Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 474 (check only one) X
Any information copied from such Reports and St 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) Angelo L L Falcone Mailing Address 20251 Century Blvd Sta City Germantown FEC ID number of contributing federal political committee. Name of Employer Montgomery Emer Phys Receipt For: Primary General Other (specify)	State MD C Occupation Emergen	Zip Code 20874-1199 n cy Physician Year-to-Date ▼	Date of Receipt 0 7 2 3 2 0 0 9 Transaction ID: C760124 Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) Joseph S S Fastow Mailing Address 7900 Wisconsin Avenu #406 City Bethesda FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MD C Occupation Physician		Date of Receipt M M M / D D / 2009 Transaction ID: C785859 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Eric James James Feese Mailing Address 179 Ambleside Ct City Port Matilda FEC ID number of contributing federal political committee. Name of Employer Centre Emerg Med Assoc Receipt For: Primary General Other (specify)		Zip Code 16870-7144 n cy Physician Year-to-Date 500.00	Date of Receipt M M M 2 4 2009 Transaction ID: C760986 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)			3500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 474 (check only one) X 11a 11b 11c 12
		13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Committee	
/ Full Name (Last, First, Middle Initial) Joshua Feinstein		Date of Receipt
Mailing Address 1720 Post Office St		1 0 3 0 2 0 0 9
City	State Zip Code	Transaction ID: C798732
Galveston	TX 77550-4816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UTMB	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) James A A Feldman		Date of Receipt
Mailing Address 8 Sage Ln		10 03 7 2009
City	State Zip Code	Transaction ID: C802076
<u>Framingham</u>	MA 01701-3880	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Boston Med Ctr ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) James E E Ferguson		Date of Receipt
Mailing Address 3127 Waters Lake I	Bend	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: C746788
Missouri City	TX 77459-6647	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Dr. James E Ferguson	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
		500.00

Name of Employer Dr. Jeffrey D Ferguson	e and address of any political committee to stion Committee State Zip Code NC 27858-6239 C	Date of Receipt M M M D D D D Y D D D D D D D D D D D D
Jeffrey D D Ferguson Mailing Address 834 Chesapeake PI City Greenville FEC ID number of contributing federal political committee. Name of Employer Dr. Jeffrey D Ferguson Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Wesley Fields, III Mailing Address 24411 Health Center # 660 City	NC 27858-6239 C	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Wesley Fields, III Mailing Address 24411 Health Center # 660 City	Emergency Physician Aggregate Year-to-Date ▼	
Laguna Hills	250.00 State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Name of Employer	CA 92653-3698 C	Amount of Each Receipt this Period 367.65
	Emergency Physician Aggregate Year-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) Wesley Fields, III Mailing Address 24411 Health Center # 660)	Date of Receipt 1 1 1 1 8 2 0 0 9
City	State Zip Code	Transaction ID: C807339
Laguna Hills FEC ID number of contributing federal political committee.	CA 92653-3698 C	Amount of Each Receipt this Period 96.00
Saddlahaak Hoén ED	Occupation Emergency Physician	1
	Aggregate Year-to-Date ▼ 463.65	
SUBTOTAL of Receipts This Page (optional)		713.65

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 474 (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.
\ \.	Full Name (Last, First, Middle Initial) Frederick W W Fiesseler Mailing Address 36 N Mt Lebanon Rd			Date of Receipt
	City Ion VAlley	State NJ	Zip Code 07853	1 0 1 2 2 0 0 9 Transaction ID: C791204
	FEC ID number of contributing federal political committee.	C	07633	Amount of Each Receipt this Period 600.00
	Name of Employer EMA Receipt For: Primary General Other (specify)	Occupation physician Aggregate		1
 3.	Full Name (Last, First, Middle Initial) Gary Figge Mailing Address 8039 N Tuscany Dr	0 0		Date of Receipt 0 7 2 2 2 0 0 9
	City Tucson	State AZ	Zip Code 85742-4348	Transaction ID: C759993
	FEC ID number of contributing federal political committee.	C	03/42-4340	Amount of Each Receipt this Period 250.00
	Name of Employer NW Med Ctr	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Gary Figge Mailing Address 8039 N Tuscany Dr	1		Date of Receipt
	City	State	Zip Code	1 1 2 0 2 0 0 9 Transaction ID: C808419
	Tucson	AZ	85742-4348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer NW Med Ctr	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
\[\sigma_{\text{s}}	SUBTOTAL of Receipts This Page (optional)	1		950.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 474 (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 Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Glenn D Fink Mailing Address 1241 Garden St.			Date of Receipt
	City Hoboken	State NJ	Zip Code	0 9 3 0 2 0 0 9 Transaction ID: C786995
	FEC ID number of contributing federal political committee.	C	07030-4405	Amount of Each Receipt this Period 500.00
	Name of Employer EMA Receipt For:	Occupatio MD	n e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	500.00	
3.	Full Name (Last, First, Middle Initial) William Francis Francis Finn, Jr Mailing Address 401 Phillips Rd			Date of Receipt 0 7 2 2 2 0 0 9
	City	State	Zip Code	Transaction ID: C759991
	Greer FEC ID number of contributing federal political committee.	SC	29650-2959	Amount of Each Receipt this Period 250.00
	Name of Employer Greenville Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 ;_	Full Name (Last, First, Middle Initial) Angela Siler Siler Fisher			Date of Receipt
	Mailing Address 79 Lakeside Green			09 / 29 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C785517
	The Woodlands FEC ID number of contributing federal political committee.	C	77382-2078	Amount of Each Receipt this Period 100.00
	Name of Employer Greater Houston Emer Phys	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 425.00	
	SUBTOTAL of Receipts This Page (optional)	1		850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 474 (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and addre	ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. A.	Full Name (Last, First, Middle Initial) Angela Siler Fisher Mailing Address 79 Lakeside Green City The Woodlands FEC ID number of contributing federal political committee.	State TX	Zip Code 77382-2078	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Greater Houston Emer Phys Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate Yo	Physician ear-to-Date ▼ 425.00	
3.	Full Name (Last, First, Middle Initial) Angela Siler Siler Fisher Mailing Address 79 Lakeside Green City	State	Zip Code	Date of Receipt 10 29 2009
	The Woodlands FEC ID number of contributing federal political committee. Name of Employer	TX C Occupation	77382-2078	Transaction ID: C798588 Amount of Each Receipt this Period 100.00
	Greater Houston Emer Phys Receipt For: Primary General Other (specify) ▼	Emergency	Physician ear-to-Date ▼ 425.00	
— >.	Full Name (Last, First, Middle Initial) Angela Siler Fisher Mailing Address 79 Lakeside Green			Date of Receipt 1 1 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: C810224
	The Woodlands FEC ID number of contributing federal political committee.	C	77382-2078	Amount of Each Receipt this Period 100.00
	Name of Employer Greater Houston Emer Phys	Occupation Emergency	Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 425.00	
s	UBTOTAL of Receipts This Page (optional)			225.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	d Statements may not be sold or used by any perso the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Angela Siler 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	State Zip Code TX 77382-2078 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 425.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Diana L L Fite Mailing Address 15806 Maple Falls C City Tomball FEC ID number of contributing federal political committee. Name of Employer Meth Willowbrook Hosp ED Receipt For:		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Diana L L Fite Mailing Address 15806 Maple Falls C City Tomball FEC ID number of contributing federal political committee. Name of Employer Meth Willowbrook Hosp ED	1183.33	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 2 8 2 0 0 9 Transaction ID: C773677 Amount of Each Receipt this Period 100.00
Meth Willowbrook Hosp ED Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Emergency Physician Aggregate Year-to-Date ▼ 1183.33	300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 474 (check only one) X
Any information copied from such Reports and Stron for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Diana L L Fite			Date of Receipt
Mailing Address 15806 Maple Falls Ct			09 28 2009
City	State	Zip Code	Transaction ID: C785412
<u>Tomball</u>	TX	77377-8762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Meth Willowbrook Hosp ED	Occupation Emergen	n Icy Physician	1
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1183.33	
Full Name (Last, First, Middle Initial) Diana L L Fite			Date of Receipt
Mailing Address 15806 Maple Falls Ct			M M / D D / Y Y Y Y Y Y Y 1 1 0 2 9 2 0 0 9
City	State	Zip Code	Transaction ID: C798603
Tomball	TX	77377-8762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Meth Willowbrook Hosp ED	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1183.33	
Full Name (Last, First, Middle Initial) Diana L L Fite			Date of Receipt
Mailing Address 15806 Maple Falls Ct			12 31 2009
City	State	Zip Code	Transaction ID: C839118
<u>Tomball</u>	TX	77377-8762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.33
Name of Employer Meth Willowbrook Hosp ED	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1183.33	
SUBTOTAL of Receipts This Page (optional)			283.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Jere J J Fitts		Date of Receipt
Mailing Address 1170 6th Ave Apt 9A City	State Zip Code	0 7 3 0 7 2 0 0 9 Transaction ID: C761780
Vero Beach	FL 32960-7020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Jacksonville Naval Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Jere J J Fitts		Date of Receipt
Mailing Address 1170 6th Ave Apt 9A		10 01 2009
City	State Zip Code	Transaction ID: C787708
Vero Beach	FL 32960-7020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Jacksonville Naval Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz		Date of Receipt
Mailing Address 6021 90th St		07 30 7 2009
City	State Zip Code	Transaction ID: C761730
Lubbock	TX 79424-0814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.33
Name of Employer Covenant Med Grp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1108.32	
SUBTOTAL of Receipts This Page (optional)		483.33
TOTAL This Period (last page this line number	·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	al Action Committee	
۷.	Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz		Date of Receipt
	Mailing Address 6021 90th St	State 7in Code	08 28 2009 2009
	City Lubbock	State Zip Code TX 79424-0814	Transaction ID: C773671 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 ▼ 1108.32	
 B.	Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz Mailing Address 6021 90th St		Date of Receipt
	City	State Zip Code	09 28 2009
	Lubbock	State Zip Code TX 79424-0814	Transaction ID: C785409 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.37
	Name of Employer Covenant Med Grp	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1108.32	
_	Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz		Date of Receipt
	Mailing Address 6021 90th St		10 04 2009
	City	State Zip Code TX 79424-0814	Transaction ID: C787880
	Lubbock FEC ID number of contributing federal political committee.	TX 79424-0814	Amount of Each Receipt this Period 91.66
	Name of Employer Covenant Med Grp	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1108.32	
			258.36

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 474 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz Mailing Address 6021 90th St City Lubbock FEC ID number of contributing federal political committee. Name of Employer Covenant Med Grp Receipt For: Primary General Other (specify)	State Zip Code TX 79424-0814 C Occupation Emergency Physician Aggregate Year-to-Date 1108.32	Date of Receipt M M M J B B J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Juan Francisco Francisco Fitz Mailing Address 6021 90th St City Lubbock FEC ID number of contributing federal political committee. Name of Employer Covenant Med Grp Receipt For: Primary General Other (specify)	State Zip Code TX 79424-0814 C Occupation Emergency Physician Aggregate Year-to-Date 1108.32	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: C839106 Amount of Each Receipt this Period 91.66
Full Name (Last, First, Middle Initial) Sidney M M Fletcher Mailing Address 2148 Selwyn Ave City Charlotte FEC ID number of contributing federal political committee. Name of Employer Mid Atlantic Emer Med Assoc Receipt For: Primary General Other (specify)	State Zip Code NC 28207-2454 C Occupation Emergency Physician Aggregate Year-to-Date 204.00	Date of Receipt M M M / D D / 2009 Transaction ID: C787020 Amount of Each Receipt this Period 17.00
SUBTOTAL of Receipts This Page (optional))	200.32

NAME OF National Full Name Sidney M I Mailing Ad	ion copied from such Reports and Sercial purposes, other than using the F COMMITTEE (In Full) I Emergency Medicine Politica		not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting consolicit contributions from such co	tributions
Full Name Sidney M Mailing Ad	I Emergency Medicine Politica	Action Com			mmittee.
Sidney M Mailing Ad	- /L L 5" - L A 4" - L - U - L - 'U' - L	ii Action Com	mittee		
	e (Last, First, Middle Initial) M Fletcher			Date of Receipt	
	ddress 2148 Selwyn Ave			M M / D D / Y 0 9 30	2009
City		State	Zip Code	Transaction ID: C787041	
<u>Charlott</u>	e	NC	28207-2454	Amount of Each Receipt thi	s Period
	umber of contributing olitical committee.	C			17.00
Name of F	Employer tic Emer Med Ass-	Occupation			
oc Receipt F		 	cy Physician Year-to-Date ▼	\dashv	
Prin	mary General er (specify) ▼	Aggregate	204.00		
	e (Last, First, Middle Initial) M Fletcher	ı		Date of Receipt	
	ddress 2148 Selwyn Ave			M M / D D / Y 0 9 3 0	2009
City		State	Zip Code	Transaction ID: C787073	
Charlott	e	NC	28207-2454	Amount of Each Receipt thi	
FEC ID no	umber of contributing litical committee.	C			17.00
Name of E Mid Atlan	Employer tic Emer Med Ass-	Occupation Emergen	n cy Physician		
Receipt F	for: mary General er (specify) ♥	Aggregate	Year-to-Date ▼ 204.00		
	e (Last, First, Middle Initial) M Fletcher			Date of Receipt	
Mailing Ad	ddress 2148 Selwyn Ave			1 2 3 1	2009
City		State	Zip Code	Transaction ID: C848342	
Charlott	e	NC	28207-2454	Amount of Each Receipt thi	
	umber of contributing olitical committee.	C			17.00
Name of E Mid Atlan	Employer tic Emer Med Ass-	Occupation Emergen	cy Physician		
Receipt F		Aggregate	Year-to-Date ▼		
	nary General er (specify) ▼		204.00		

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 474 (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	Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Sidney M M Fletcher		Date of Receipt
Mailing Address 2148 Selwyn Ave		12 31 2009
City	State Zip Code	Transaction ID: C848343
Charlotte	NC 28207-2454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	17.00
Name of Employer Mid Atlantic Emer Med Ass- oc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	204.00	
Full Name (Last, First, Middle Initial) Sidney M M Fletcher		Date of Receipt
Mailing Address 2148 Selwyn Ave		12 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C848344
<u>Charlotte</u>	NC 28207-2454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	17.00
Name of Employer Mid Atlantic Emer Med Ass- oc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	204.00	
Full Name (Last, First, Middle Initial) Kelly Foley		Date of Receipt
Mailing Address 1133 Pond Cypress	Dr	07 30 YYYYY 2009
City	State Zip Code	Transaction ID: C761748
Virginia Bch	VA 23455-6859	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Emer Phys of Tidewater	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1075.00	
)	134.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedu for each category of the Detailed Summary Pa	he (crieck only one)
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kelly Foley Mailing Address 1133 Pond Cypress D City Virginia Bch FEC ID number of contributing federal political committee. Name of Employer Emer Phys of Tidewater Receipt For: Primary General Other (specify)	State Zip Code VA 23455-6859 C Occupation Emergency Physician Aggregate Year-to-Date 1075	
Full Name (Last, First, Middle Initial) Kelly Foley Mailing Address 1133 Pond Cypress D City Virginia Bch FEC ID number of contributing federal political committee. Name of Employer Emer Phys of Tidewater Receipt For: Primary General Other (specify)	State Zip Code VA 23455-6859 C Occupation Emergency Physician Aggregate Year-to-Date 1075	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 3 0 / 2 0 0 9 Transaction ID: C810242 Amount of Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) Kelly Foley Mailing Address 1133 Pond Cypress D City Virginia Bch FEC ID number of contributing federal political committee. Name of Employer Emer Phys of Tidewater Receipt For: Primary General Other (specify)	State Zip Code VA 23455-6859 C Occupation Emergency Physician Aggregate Year-to-Date 1075	Date of Receipt M M M / D 3 1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		375.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 474 (check only one) X 11a
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Cor	nmittee	
۷.	Full Name (Last, First, Middle Initial) Steven Gerald Gerald Folstad			Date of Receipt
	Mailing Address 131 Sanibel Ln	Ctata	Zin Codo	09 30 2009
	City Mooresville	State NC	Zip Code 28117-9062	Transaction ID: C787022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20117 3002	17.00
	Name of Employer Dr. Steven Gerald Folstad	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
 3.	Full Name (Last, First, Middle Initial) Steven Gerald Gerald Folstad Mailing Address 131 Sanibel Ln			Date of Receipt
				09 30 2009
	City	State	Zip Code	Transaction ID: C787040
	Mooresville FEC ID number of contributing federal political committee.	NC C	28117-9062	Amount of Each Receipt this Period
	Name of Employer Dr. Steven Gerald Folstad	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
- :.	Full Name (Last, First, Middle Initial) Steven Gerald Gerald Folstad			Date of Receipt
	Mailing Address 131 Sanibel Ln			09 / 30 / 4 4 4 4 4
	City	State NC	Zip Code	Transaction ID: C787074
	Mooresville FEC ID number of contributing federal political committee.	C	28117-9062	Amount of Each Receipt this Period 17.00
	Name of Employer Dr. Steven Gerald Folstad	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
Г		ı		51.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	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	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Steven Gerald Gerald Folstad Mailing Address 131 Sanibel Ln City Mooresville FEC ID number of contributing federal political committee. Name of Employer Dr. Steven Gerald Folstad Receipt For: Primary General Other (specify)	, ' 	Zip Code 28117-9062 on ncy Physician e Year-to-Date ▼ 204.00	Date of Receipt M M M / 31 / 2009 Transaction ID: C848351 Amount of Each Receipt this Period 17.00
В.	Full Name (Last, First, Middle Initial) Steven Gerald Gerald Folstad Mailing Address 131 Sanibel Ln City Mooresville FEC ID number of contributing federal political committee. Name of Employer Dr. Steven Gerald Folstad Receipt For: Primary General Other (specify)	, ·	Zip Code 28117-9062 on ncy Physician e Year-to-Date ▼ 204.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Steven Gerald Gerald Folstad Mailing Address 131 Sanibel Ln City Mooresville FEC ID number of contributing federal political committee. Name of Employer Dr. Steven Gerald Folstad Receipt For: Primary General Other (specify)	1	Zip Code 28117-9062 on ncy Physician e Year-to-Date ▼ 204.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			51.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an 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 personal the name and address of any political committee cal Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marsha D D Ford Mailing Address PO Box 32861		Date of Receipt
City Charlotte FEC ID number of contributing	State Zip Code NC 28232-2861	Transaction ID: C761722 Amount of Each Receipt this Period 42.00
Receipt For: Primary Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 504.00	42.00
Full Name (Last, First, Middle Initial) Marsha D D Ford Mailing Address PO Box 32861		Date of Receipt 0 8 28 2009
City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28232-2861	Transaction ID: C773697 Amount of Each Receipt this Period 42.00
Name of Employer Carolinas Med Ctr ED Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 504.00	
Full Name (Last, First, Middle Initial) Marsha D D Ford Mailing Address PO Box 32861		Date of Receipt
City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28232-2861	Transaction ID: C785413 Amount of Each Receipt this Period 42.00
Name of Employer Carolinas Med Ctr ED Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 504.00	
SUBTOTAL of Receipts This Page (optional)	126.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	for commercial purposes, other than using the	Statements may not be sold or used by any pename and address of any political committed	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
	Full Name (Last, First, Middle Initial) Marsha D D Ford Mailing Address PO Box 32861		Date of Receipt
	Mailing Address PO Box 32861		10 04 2009
	City	State Zip Code	Transaction ID: C787866
	Charlotte	NC 28232-2861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer Carolinas Med Ctr ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	504.00	
	Full Name (Last, First, Middle Initial) Marsha D D Ford		Date of Receipt
	Mailing Address PO Box 32861		12 23 2009
	City	State Zip Code	Transaction ID: C820025
	Charlotte	NC 28232-2861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer Carolinas Med Ctr ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	504.00	
	Full Name (Last, First, Middle Initial) Marsha D D Ford	1	Date of Receipt
	Mailing Address PO Box 32861		12 31 2009
	City	State Zip Code	Transaction ID: C839125
	Charlotte	NC 28232-2861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	42.00
	Name of Employer Carolinas Med Ctr ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	504.00	
	UDTOTAL (D Ti: D (ii. l)		126.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 474 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dan E E Fox Mailing Address 108 Corral Cir City San Ramon FEC ID number of contributing	State CA	Zip Code 94583-2443	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary Other (specify)	Occupation Emergen	n ncy Physician e Year-to-Date ▼ 463.65	
 3.	Full Name (Last, First, Middle Initial) Dan E E Fox Mailing Address 108 Corral Cir City San Ramon	State CA	Zip Code 94583-2443	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 El Camino Hosp Receipt For: Primary General Other (specify)	, · · · · ·	n ncy Physician e Year-to-Date ▼ 463.65	96.00
).	Full Name (Last, First, Middle Initial) Wade Curtis Curtis Fox Mailing Address 379 Osage Dr City Roseburg FEC ID number of contributing federal political committee.	State OR	Zip Code 97471-9553	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Mercy Med Ctr Receipt For: Primary General Other (specify) ▼	, ' 	n ncy Physician e Year-to-Date ▼ 463.64	
9	SUBTOTAL of Receipts This Page (optional)			831.29

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 474 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politic	al Action Con	nmittee	
۸.	Full Name (Last, First, Middle Initial) Wade Curtis Curtis Fox			Date of Receipt
	Mailing Address 379 Osage Dr	Ctata	Zip Code	11 18 2009
	City Roseburg	State OR	97471-9553	Transaction ID: C807232 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		96.00
	Name of Employer Mercy Med Ctr	Occupatio Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 463.64	
- 3.	Full Name (Last, First, Middle Initial) Leonard S S Franco			Date of Receipt
	Mailing Address 621 N Forest Rd			07 29 2009
	City	State	Zip Code	Transaction ID: C761350
	Williamsville	NY	14221-4964	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Niagara Falls Mem Med Ctr	_ ' _ <u> </u>	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
. –	Full Name (Last, First, Middle Initial) Michelle F Frangos			Date of Receipt
	Mailing Address 1498 Alexandria Pkw	y SE		09 17 2009
	City	State	Zip Code	Transaction ID: C780233
	North Canton FEC ID number of contributing federal political committee.	C	44709	Amount of Each Receipt this Period 1000.00
	Name of Employer Stark County Emergency Ph- ysicians	- 	ncy Medicine Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼	
Γ,	SUBTOTAL of Receipts This Page (optional)	-		1196.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	/ not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Com	nmittee	
۷.	Full Name (Last, First, Middle Initial) Michelle F Frangos			Date of Receipt
	Mailing Address 1498 Alexandria Pkw	y SE		10 06 2009
	City North Canton	State OH	Zip Code 44709	Transaction ID: C803433
	FEC ID number of contributing federal political committee.	C	447.03	Amount of Each Receipt this Period -1000.00
	Name of Employer Stark County Emergency Ph- ysicians	Occupation Emergen	n cy Medicine Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 0.00	
_ 3.	Full Name (Last, First, Middle Initial) John C C Fredericks Mailing Address	_ I		Date of Receipt
	Mailing Address 578 Hidden Ridge Ct			07 30 7 2009
	City Encinitas	State CA	Zip Code	Transaction ID: C761876
	FEC ID number of contributing federal political committee.	C	92024-5839	Amount of Each Receipt this Period 367.65
	Name of Employer CA Emerg Phys Med Grp	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 463.65	
_ >.	Full Name (Last, First, Middle Initial) John C C Fredericks			Date of Receipt
	Mailing Address 578 Hidden Ridge Ct			1 1 1 1 8 2 0 0 9
	City	State	Zip Code	Transaction ID: C807357
	Encinitas FEC ID number of contributing federal political committee.	CA	92024-5839	Amount of Each Receipt this Period 96.00
	Name of Employer CA Emerg Phys Med Grp	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 463.65	
Г				-536.35

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 128 / 474 (check only one)		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)	A . I' O				
National Emergency Medicine Political	Action Con	imittee			
Full Name (Last, First, Middle Initial) Christopher F F Freer			Date of Receipt		
Mailing Address 502 Alden Ave			08 28 2009		
City	State	Zip Code	Transaction ID: C773727		
Westfield	NJ	07090-3041	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer St Barnabas Medical Center	Occupation Emergen	n cy Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) John T Friedman			Date of Receipt		
Mailing Address 8615 Canterbury Dr			07 30 7 2009		
City	State	Zip Code	Transaction ID: C761808		
Annandale	VA	22003-4327	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		367.65		
Name of Employer Mr. John T Friedman	Occupation Emergen	n cy Physician			
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General Other (specify) ▼		367.65			
Full Name (Last, First, Middle Initial) Vidor E E Friedman			Date of Receipt		
Mailing Address 13061 Water Pt Blvd			10 03 7 2009		
City Windermere	State FL	Zip Code	Transaction ID: C802080		
FEC ID number of contributing federal political committee.	C	34786-5818	Amount of Each Receipt this Period 4000.00		
Name of Employer FL Emer Phys	Occupation Emergen	n cy Physician			
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 5000.00			
SUBTOTAL of Receipts This Page (optional)		·····	5367.65		

TOTAL This Period (last page this line number only)

9	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 129 / 474
	TEMIZED RECEIPTS		for each category of the	(check only one)
	I EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_			, ,	13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	Action Con	nmittee	
∠ A.	Full Name (Last, First, Middle Initial) Joseph P P Funk			Date of Receipt
	Mailing Address 4318 Granby Way			11 20 2009
	City	State	Zip Code	Transaction ID: C808423
	Marietta	GA	30062-8150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Dr. Joseph P Funk	Occupatio	n ncy Physician	
	Receipt For:		e Year-to-Date ▼	-
	Primary General	Aggregate	e rear-lo-Dale ▼	
	Other (specify)		500.00	
	Caror (openily) 🔻	0 0		
- В.	Full Name (Last, First, Middle Initial) Kathleen G G Funk			Date of Receipt
	Mailing Address 4318 Granby Way			M M / D D / Y Y Y Y
				11 20 2009
	City	State	Zip Code	Transaction ID: C808424
	<u>Marietta</u>	GA	30062-8150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Dr. Kathleen G Funk	Occupatio		
		Emerger	ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)		500.00	
- С.	Full Name (Last, First, Middle Initial) Richard Luis Luis Garcia			Date of Receipt
J.	Mailing Address 528 Coolidge Dr			09 03 2009
	City	State	Zip Code	Transaction ID: C776658
	San Gabriel	CA	91775-2212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		367.64
	Name of Employer Beverly Hosp	Occupatio	n ncy Physician	
	Receipt For:		e Year-to-Date ▼	-
	Primary General	, 1991 ogaic		ı I
	Other (specify)		463.64	
				'
Γ				
	SUPTOTAL of Possints This Page (entional)		-	1367.64
L	SUBTOTAL of Receipts This Page (optional)		······	

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
	Full Name (Last, First, Middle Initial) Richard Luis Luis Garcia		Date of Receipt
	Mailing Address 528 Coolidge Dr		1 1 1 8 2 0 0 9
	City	State Zip Code	Transaction ID: C807199
	San Gabriel	CA 91775-2212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	96.00
	Name of Employer Beverly Hosp	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 463.64	
	Full Name (Last, First, Middle Initial) Angela F F Gardner		Date of Receipt
	Mailing Address 1914 Fair Field Dr		07 30 7 2009
	City	State Zip Code	Transaction ID: C761726
	Grapevine	TX 76051-7100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer UTMB Univ of TX	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 6375.00	
	Full Name (Last, First, Middle Initial) Angela F F Gardner	_L	Date of Receipt
	Mailing Address 1914 Fair Field Dr		08 28 2009
	City	State Zip Code	Transaction ID: C773701
	Grapevine	TX 76051-7100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer UTMB Univ of TX	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	6375.00	
			346.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any persor the name and address of any political committee to stical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Angela F F Gardner Mailing Address 1914 Fair Field Dr City Grapevine FEC ID number of contributing federal political committee. Name of Employer UTMB Univ of TX Receipt For: Primary General	State Zip Code TX 76051-7100 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Angela F F Gardner Mailing Address 1914 Fair Field Dr City Grapevine FEC ID number of contributing federal political committee. Name of Employer UTMB Univ of TX Receipt For: Primary General	State Zip Code TX 76051-7100 C Occupation Emergency Physician Aggregate Year-to-Date 6375.00	Date of Receipt 10 08 2009 Transaction ID: C790768 Amount of Each Receipt this Period 5000.00
Full Name (Last, First, Middle Initial) Angela F F Gardner Mailing Address 1914 Fair Field Dr City Grapevine FEC ID number of contributing federal political committee. Name of Employer UTMB Univ of TX Receipt For: Primary Other (specify)	State Zip Code TX 76051-7100 C Occupation Emergency Physician Aggregate Year-to-Date 6375.00	Date of Receipt 10 29 2009 Transaction ID: C798606 Amount of Each Receipt this Period 125.00
SUBTOTAL of Receipts This Page (optional)(Is	5250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 4 / 4 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	tical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Angela F F Gardner			Date of Receipt
Mailing Address 1914 Fair Field Dr			1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Grapevine	State TX	Zip Code 76051-7100	Transaction ID: C810228 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer UTMB Univ of TX	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 6375.00	
Full Name (Last, First, Middle Initial) Angela F F Gardner	I		Date of Receipt
Mailing Address 1914 Fair Field Dr			12 31 7 2009
City <u>Grapevine</u>	State TX	Zip Code 76051-7100	Transaction ID: C839119 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70031-7100	125.00
Name of Employer UTMB Univ of TX	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 6375.00	
Full Name (Last, First, Middle Initial) Ann Marie Marie Garritano	I		Date of Receipt
Mailing Address 19001 Audette St.			0 8 2 9 2 0 0 9
City	State	Zip Code	Transaction ID: C773733
Dearborn FEC ID number of contributing federal political committee.	C	48124	Amount of Each Receipt this Period 1000.00
Name of Employer MCES	Occupatio physiciar		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
			1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 4 / 4 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Com	nmittee	
Full Name (Last, First, Middle Initial) Marianne Gausche-Hill			Date of Receipt
Mailing Address 1931 Power St			08 13 7 9 9
City Hermosa Bch	State CA	Zip Code 90254-2915	Transaction ID: C766208 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Harbor UCLA Med Ctr ED	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Marianne Gausche-Hill			Date of Receipt
Mailing Address 1931 Power St			10 29 7 2009
City Hermosa Bch	State CA	Zip Code	Transaction ID: C798598
FEC ID number of contributing federal political committee.	C	90254-2915	Amount of Each Receipt this Period 250.00
Name of Employer Harbor UCLA Med Ctr ED	Occupation	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Marianne Gausche-Hill			Date of Receipt
Mailing Address 1931 Power St			11 03 2009
City	State	Zip Code	Transaction ID: C800598
Hermosa Bch FEC ID number of contributing federal political committee.	CA	90254-2915	Amount of Each Receipt this Period 100.00
Name of Employer Harbor UCLA Med Ctr ED	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 850.00	
SUBTOTAL of Receipts This Page (optional	,		600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any person the name and address of any political committee to tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Joseph Joseph Gerardi Mailing Address 29 Heritage Ct City Randolph FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc Receipt For: Primary General Other (specify)	State Zip Code NJ 07869-3534 C Occupation Emergency Physician Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 7 3 0 2 0 0 9 Transaction ID: C761771 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Michael Joseph Joseph Gerardi Mailing Address 29 Heritage Ct City Randolph FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc Receipt For: Primary General Other (specify)	State Zip Code NJ 07869-3534 C Occupation Emergency Physician Aggregate Year-to-Date 1500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Joseph Joseph Gerardi Mailing Address 29 Heritage Ct City Randolph FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc Receipt For: Primary General Other (specify)	State Zip Code NJ 07869-3534 C Occupation Emergency Physician Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	al)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 474 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Joseph Joseph Gerardi Mailing Address 29 Heritage Ct			Date of Receipt
City Randolph	State NJ	Zip Code 07869-3534	Transaction ID: C839120 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc	Occupation		250.00
Receipt For: Primary General Other (specify) ▼	_ '	e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Mark Gersten Mailing Address 999 Traci Lane			Date of Receipt 0 8 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: C770208
Copley	ОН	44321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Stark County Emergency Ph- ysicians, Inc Receipt For:		ıcy Physician	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Nizar M M Ghuneim	'		Date of Receipt
Mailing Address 606 Whippoorwill Li	n		09 30 2009
City	State	Zip Code	Transaction ID: C787019
Concord FEC ID number of contributing federal political committee.	C	28025-9174	Amount of Each Receipt this Period 17.00
Name of Employer Mid-Atlantic Emergency Medical		ıcy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
SUBTOTAL of Receipts This Page (optional	l)		1267.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 474 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	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) Nizar M M Ghuneim Mailing Address 606 Whippoorwill Ln City Concord FEC ID number of contributing federal political committee. Name of Employer Mid-Atlantic Emergency Medical Receipt For: Primary General Other (specify)	,	Zip Code 28025-9174 n cy Physician Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Nizar M M Ghuneim Mailing Address 606 Whippoorwill Ln City Concord FEC ID number of contributing federal political committee. Name of Employer Mid-Atlantic Emergency Medical Receipt For: Primary General Other (specify)	,	Zip Code 28025-9174 n cy Physician Year-to-Date 204.00	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Nizar M M Ghuneim Mailing Address 606 Whippoorwill Ln City Concord FEC ID number of contributing federal political committee. Name of Employer Mid-Atlantic Emergency Medical Receipt For: Primary General Other (specify)	, ' 	Zip Code 28025-9174 n cy Physician Year-to-Date 204.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 2 0 0 9 Transaction ID: C848320 Amount of Each Receipt this Period 17.00
SUBTOTAL of Receipts This Page (optional)			51.00

Α		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
10	ny information copied from such Reports and so for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
<u></u>	Full Name (Last, First, Middle Initial) Nizar M M Ghuneim		Date of Receipt
	Mailing Address 606 Whippoorwill Ln		1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: C848321
	Concord	NC 28025-9174	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Mid-Atlantic Emergency Me- dical	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	204.00	
	Full Name (Last, First, Middle Initial) Nizar M M Ghuneim	1	Date of Receipt
	Mailing Address 606 Whippoorwill Ln		12 31 7 2009
	City	State Zip Code	Transaction ID: C848322
	Concord	NC 28025-9174	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Mid-Atlantic Emergency Me- dical	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	204.00	
	Full Name (Last, First, Middle Initial) Michael Alfred Alfred Gibbs		Date of Receipt
	Mailing Address 16 Riverside Dr		10 06 2009
	City	State Zip Code	Transaction ID: C789507
	<u>Falmouth</u>	ME 04105-2109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Maine Med Ctr ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .		1034.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 474 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Anthony Giles Mailing Address 68 Tuxedo Rd			Date of Receipt
City Montclair	State NJ	Zip Code 07109-3550	Transaction ID: C775342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer EMA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Michael James James Gillogley Mailing Address 6225 Northpoint Wa	ay		Date of Receipt 0 8 2 5 2 0 0 9
City	State	Zip Code	Transaction ID: C770769
Sacramento	CA	95831-1063	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Mercy Genl Hosp ER		icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Alan H H Gladman	•		Date of Receipt
Mailing Address 1720 Middlefield Rd			08 19 2009
City	State	Zip Code	Transaction ID: C769308
Palo Alto	CA	94301-3821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer El Camino Hosp		ıcy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 321.00	
SUBTOTAL of Receipts This Page (optional	·)		700.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBE (check only one) X 11a 11b 13 14	
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persolates of any political committee to	on for the purpose of solicit contributions fr	oliciting contributions om such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	l Action Com	nmittee		
\ \.	Full Name (Last, First, Middle Initial) Alan H H Gladman			Date of Receipt	
	Mailing Address 1720 Middlefield Rd				18 2009
	City	State	Zip Code	Transaction ID:	
	Palo Alto	CA	94301-3821	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			96.00
	Name of Employer El Camino Hosp	Occupation Emergen	n cy Physician		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	321.00		
 3.	Full Name (Last, First, Middle Initial) Steven Paul Paul Gohsler	1		Date of Receipt	
	Mailing Address 6 Byram Ct			10	06 2009
	City	State	Zip Code	Transaction ID:	
	Mendham	NJ	07945-2932	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			700.00
	Name of Employer Morristown Memorial Hosp	Occupation Emergen	n cy Physician	1	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		700.00		
	Full Name (Last, First, Middle Initial) David Goldschmid			Date of Receipt	
	Mailing Address 3884 Harvest Dr				30
	City	State	Zip Code	Transaction ID:	C761810
	Redwood City	CA	94061-1143	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			367.65
	Name of Employer Seton Med Ctr	Occupation Emergen	n cy Physician	7	
	Receipt For:	, ' 	Year-to-Date ▼		
	Primary General Other (specify) ▼		463.65]	
61	JBTOTAL of Receipts This Page (optional)	<u> </u>			1163.65
5	DETOTAL OF Receipts This Page (optional)				
т	OTAL This Period (last page this line number	only)		L	

	EDULE A (FEC Form 3X) IZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any info	ormation copied from such Reports and ommercial purposes, other than using the	Statements may not be sold or used by any pe name and address of any political committee	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) ional Emergency Medicine Politic	al Action Committee	
	Name (Last, First, Middle Initial)		Date of Receipt
Mail	ing Address 3884 Harvest Dr		1 1 1 1 8 2 0 0 9
City		State Zip Code	Transaction ID: C807200
Rec	dwood City	CA 94061-1143	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	96.00
Nam Seto	ne of Employer on Med Ctr	Occupation Emergency Physician	
Rec	eipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	463.65	
	Name (Last, First, Middle Initial) am E E Gotthold		Date of Receipt
	ing Address 409 Lower Sunnyslop		12 02 2009
City		State Zip Code	Transaction ID: C811636
<u>We</u>	<u>natchee</u>	WA 98801-9619	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	100.00
Nam Wei	ne of Employer natchee Valley Med Ctr	Occupation Emergency Physician	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
	Name (Last, First, Middle Initial) ssa Amy Amy Graber	_L	Date of Receipt
Mail	ing Address 7809 Trieste Pl		07 30 7 2009
City		State Zip Code	Transaction ID: C761734
<u>Del</u>	ray Bch	FL 33446-4403	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	100.00
Nam Cora	ne of Employer al Springs Med Ctr	Occupation Emergency Physician	
Rec	eipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1100.00	
			296.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 474 (check only one) X 11a 11b 11c 12
	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber		Date of Receipt
Mailing Address 7809 Trieste PI City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Delray Bch	FL 33446-4403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Coral Springs Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber		Date of Receipt
Mailing Address 7809 Trieste Pl		09 28 2009
City	State Zip Code	Transaction ID: C785410
Delray Bch	FL 33446-4403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Coral Springs Med Ctr	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber	1	Date of Receipt
Mailing Address 7809 Trieste Pl		10 04 2009
City	State Zip Code	Transaction ID: C787877
Delray Bch	FL 33446-4403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Coral Springs Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional)		300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 474 (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 Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
∠ A .	Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber Mailing Address 7809 Trieste PI City Delray Bch FEC ID number of contributing federal political committee.	State FL	Zip Code 33446-4403	Date of Receipt 10 29 2009 Transaction ID: C798589 Amount of Each Receipt this Period
	Name of Employer Coral Springs Med Ctr Receipt For: Primary General Other (specify) ▼	, i	nocy Physician e Year-to-Date 1100.00	
3.	Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber Mailing Address 7809 Trieste Pl City	State	Zip Code	Date of Receipt M
	Delray Bch FEC ID number of contributing federal political committee.	FL C	33446-4403	Amount of Each Receipt this Period 100.00
	Name of Employer Coral Springs Med Ctr Receipt For: Primary General Other (specify) ▼	, i – -	n ncy Physician e Year-to-Date ▼ 1100.00	
-).	Full Name (Last, First, Middle Initial) Mylissa Amy Amy Graber Mailing Address 7809 Trieste Pl			Date of Receipt 1 2 3 1 2 0 0 9
	City Delrey Bala	State	Zip Code	Transaction ID: C839090
	Delray Bch FEC ID number of contributing federal political committee.	C	33446-4403	Amount of Each Receipt this Period 100.00
	Name of Employer Coral Springs Med Ctr	Occupatio	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 1100.00	
	SUBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC ITEMIZED RECEIPT		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 474 (check only one) X 11a
or for commercial purposes, other NAME OF COMMITTEE (In	er than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Walter J J Grabowski Mailing Address 62 Fayer City Cambridge FEC ID number of contributing	te St Apt 1 State MA	Zip Code 02139-1112	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)	Occupati Emerge Aggrega	ion ency Physician te Year-to-Date ▼	250.00
City Dover	nal Rd NE State OH	Zip Code 44622	Date of Receipt M M M / D D N Y 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 SCEP Receipt For: Primary General Other (specify) ▼	Occupati Emerge Aggrega	on ency room Physician te Year-to-Date ▼	1000.00
Full Name (Last, First, Middle Jonathan D Graham Mailing Address 7718 Ca City Dover FEC ID number of contributing federal political committee.	nal Rd NE State OH	Zip Code 44622	Date of Receipt M M M
Name of Employer SCEP Receipt For: Primary Gene Other (specify) ▼	Aggrega	ency room Physician te Year-to-Date 0.00	
SUBTOTAL of Receipts This F	age (optional)		250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ronald Eugene Eugene Graham Mailing Address 2104 Pell St City Scottsboro FEC ID number of contributing federal political committee. Name of Employer Dr. Ronald Eugene Graham Receipt For: Primary General Other (specify)	State Zip Code AL 35769-3940 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / 27 / 2009 Transaction ID: C761152 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) John W W Graneto Mailing Address 2625 W Ardmore Ave City Chicago FEC ID number of contributing federal political committee. Name of Employer Swedish Covenant Hospital Receipt For: Primary General Other (specify)	State Zip Code IL 60659-4911 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Stephen A D A D Grant Mailing Address 1 Cherry Hills Dr City Aiken FEC ID number of contributing federal political committee. Name of Employer Aiken Emer Med Phys Receipt For: Primary General Other (specify)	State Zip Code SC 29803-5688 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 249.99	Date of Receipt M M J D D J 2009 Transaction ID: C802027 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)		433.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 474 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Stephen A D A D Grant Mailing Address 1 Cherry Hills Dr			Date of Receipt
City Aiken FEC ID number of contributing	State SC	Zip Code 29803-5688	Transaction ID: C810223 Amount of Each Receipt this Period 83.33
Receipt For: Primary Other (specify) ▼	Occupatio Emerger	n acy Physician • Year-to-Date ▼ 249.99]
Full Name (Last, First, Middle Initial) Stephen A D A D Grant Mailing Address 1 Cherry Hills Dr			Date of Receipt 1 2 3 1 2 0 0 9
City Aiken FEC ID number of contributing federal political committee.	State SC	Zip Code 29803-5688	Transaction ID: C839105 Amount of Each Receipt this Period 83.33
Name of Employer Aiken Emer Med Phys Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date ▼ 249.99]
Full Name (Last, First, Middle Initial) Charles R R Grassie Mailing Address 6247 Brighton Rd			Date of Receipt 0 9 2 5 2 0 0 9
6247 Brighton Rd City Brighton FEC ID number of contributing federal political committee.	State MI	Zip Code 48116-7721	Transaction ID: C783048 Amount of Each Receipt this Period 150.00
Name of Employer EPMG Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date 300.00	
SUBTOTAL of Receipts This Page (optional	l)		316.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 474 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kelly Gray-Eurom Mailing Address 4228 Fairway Dr			Date of Receipt
City Jacksonville FEC ID number of contributing	State FL	Zip Code 32210-6023	Transaction ID: C802067 Amount of Each Receipt this Period
federal political committee. Name of Employer Univ of Florida Receipt For:		n ncy Physician	1000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	1 1	1000.00	
Andrea L L Green Mailing Address 22428 Springflower	· Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C802031
Golden FEC ID number of contributing federal political committee.	C	80401-8033	Amount of Each Receipt this Period 250.00
Name of Employer Dr. Andrea L Green	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Andrea L L Green			Date of Receipt
Mailing Address 22428 Springflower	· Dr		11 30 2009
City	State	Zip Code	Transaction ID: C810206
Golden FEC ID number of contributing federal political committee.	C	80401-8033	Amount of Each Receipt this Period 250.00
Name of Employer Dr. Andrea L Green	Occupatio Emerger	n acy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optiona	ı)		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck Orlly Orle)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Robert D D Greenberg		Date of Receipt
Mailing Address 2401 S 31st St		07 30 7 2009
City Temple	State Zip Code TX 76508-0001	Transaction ID: C761762
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Dept of Emer Med	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Robert D D Greenberg		Date of Receipt
Mailing Address 2401 S 31st St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Temple</u>	State Zip Code TX 76508-0001	Transaction ID: C787868
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Dept of Emer Med	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Stephen E E Greer		Date of Receipt
Mailing Address 1029 Chockecherry	Ln	09 30 YYYYY
City	State Zip Code NC 27023-9694	Transaction ID: C787012
Lewisville FEC ID number of contributing federal political committee.	NC 27023-9694	Amount of Each Receipt this Period 21.00
Name of Employer Dr. Stephen E Greer	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
	l)	521.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 474 (check only one) X
or f	y information copied from such Reports and S 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 solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Stephen E E Greer Mailing Address 1029 Chockecherry Ln		7:o Oodo	Date of Receipt 0 9 3 0 2 0 0 9
	City Lewisville FEC ID number of contributing federal political committee.	State NC	Zip Code 27023-9694	Transaction ID: C787059 Amount of Each Receipt this Period 21.00
	Name of Employer Dr. Stephen E Greer Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date 252.00	
	Full Name (Last, First, Middle Initial) Stephen E E Greer Mailing Address 1029 Chockecherry Ln			Date of Receipt 0 9 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: C787086
	<u>Lewisville</u>	NC	27023-9694	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Name of Employer Dr. Stephen E Greer	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 252.00	
	Full Name (Last, First, Middle Initial) Stephen E E Greer Mailing Address 1029 Chockecherry Ln			Date of Receipt 1 2 3 1 2 0 0 9
	City	State	Zip Code	Transaction ID: C848348
	Lewisville	NC	27023-9694	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Name of Employer Dr. Stephen E Greer	 	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 252.00	
SI	JBTOTAL of Receipts This Page (optional)			63.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 474 (check only one) X
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) National Emergency Medicine P	s and Statements may not be sold or used by any personing the name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stephen E E Greer Mailing Address 1029 Chockeche	orry I o	Date of Receipt
City Lewisville	State Zip Code NC 27023-9694	Transaction ID: C848349 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21.00
Name of Employer Dr. Stephen E Greer Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 252.00	
Full Name (Last, First, Middle Initial) Stephen E E Greer Mailing Address 1029 Chockeche	erry Ln	Date of Receipt 1 2 3 1 2 0 0 9
City	State Zip Code	Transaction ID: C848350
Lewisville	NC 27023-9694	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21.00
Name of Employer Dr. Stephen E Greer	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) Kevin John John Gregg	1	Date of Receipt
Mailing Address 102 Laurel Oak	Trl	08 07 2009
City	State Zip Code	Transaction ID: C764142
Simpsonville FEC ID number of contributing	SC 29681-4735	Amount of Each Receipt this Period 600.00
federal political committee. Name of Employer Greenville Meml Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (opti	onal)	642.00

or for c NAM Nat Full Brace Mail City Ste FEC fede Nan Mr. Rec Full Mich Mail City Syl FEC fede Nan Or.	commercial purposes, other than using the ME OF COMMITTEE (In Full) tional Emergency Medicine Political Name (Last, First, Middle Initial) d Gruehn ling Address 207 Heather Glen Rd	e name and address of any political committee	Date of Receipt Date of Receipt Transaction ID: C761729 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: C761729 Amount of Each Receipt this Period
Full Mail City Stee FEC fede Nan Mr. Full Mich Mail City Syl FEC fede Nan Dr.	Name (Last, First, Middle Initial) d Gruehn ling Address 207 Heather Glen Rd cerling C ID number of contributing eral political committee. me of Employer Brad Gruehn ceipt For: Primary General Other (specify) Name (Last, First, Middle Initial) hael L L Guinness	State Zip Code VA 20165-5824 C Occupation Emergency Physician Aggregate Year-to-Date 350.00	Transaction ID: C761729 Amount of Each Receipt this Period 50.00 Date of Receipt
City Ste FEC fede Nan Mr. Rec Full Mict Mail City Syl FEC fede	d Gruehn ling Address 207 Heather Glen Rd erling C ID number of contributing eral political committee. me of Employer Brad Gruehn ceipt For: Primary General Other (specify)	VA 20165-5824 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 350.00	Transaction ID: C761729 Amount of Each Receipt this Period 50.00 Date of Receipt
Full Mich Mail Syl FEC fede	erling C ID number of contributing eral political committee. The of Employer Brad Gruehn Seipt For: Primary General Other (specify) Name (Last, First, Middle Initial) hael L L Guinness	VA 20165-5824 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 350.00	Transaction ID: C761729 Amount of Each Receipt this Period 50.00 Date of Receipt
FEC fede Nan Mich Mail Syl FEC fede Nan Dr.	erling C ID number of contributing eral political committee. The of Employer Brad Gruehn Seipt For: Primary General Other (specify) Name (Last, First, Middle Initial) hael L L Guinness	VA 20165-5824 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 350.00	Amount of Each Receipt this Period 50.00 Date of Receipt
FEC fede Nan Mr. Rec Full Mich Mail City Syl FEC fede Nan Dr.	C ID number of contributing eral political committee. me of Employer Brad Gruehn ceipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 350.00	Date of Receipt
Full Mict Mail City Syl FEC feder Nan Dr.	eral political committee. me of Employer Brad Gruehn ceipt For: Primary General Other (specify) Name (Last, First, Middle Initial) hael L L Guinness	Occupation Emergency Physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt
Full Mich Mail City Syl FEC fede	ceipt For: Primary General Other (specify) Name (Last, First, Middle Initial) hael L L Guinness	Emergency Physician Aggregate Year-to-Date ▼ 350.00	
Full Mich Mail City Syl FEC feder Nan Dr.	Primary General Other (specify) Name (Last, First, Middle Initial) hael L L Guinness	350.00	
Mich Mail City Syl FEC fede Nan Dr.	Other (specify) Name (Last, First, Middle Initial) hael L L Guinness	1 1	
Mich Mail City Syl FEC fede Nan Dr.	hael L L Guinness		
City Syl FEC fede Nan Dr.	ling Address 4721 Swathmore Pl		M M / D D / Y Y Y Y
Syl FEC fede Nan Dr.			08 10 2009
FEC fede Nan Dr.		State Zip Code	Transaction ID: C765381
Nan Dr.	lvania	OH 43560-2992	Amount of Each Receipt this Period
Dr.	CID number of contributing eral political committee.	C	500.00
Dan	ne of Employer Michael L Guinness	Occupation Emergency Physician	
Rec	ceipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	600.00	
	Name (Last, First, Middle Initial) hael L L Guinness		Date of Receipt
Mail	ling Address 4721 Swathmore PI		1 1 2 4 2 0 0 9
City		State Zip Code	Transaction ID: C809607
<u>Syl</u>	lvania	OH 43560-2992	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	100.00
Nan Dr.	ne of Employer Michael L Guinness	Occupation Emergency Physician	
Rec	ceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00	
SURT			650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 474 (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)	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Politica	i Action Committee	
Full Name (Last, First, Middle Initial) Kenneth S S Gummerson Mailing Address 12 Wendover Rd		Date of Receipt
		10 08 2009
City	State Zip Code	Transaction ID: C790794
Baltimore FEC ID number of contributing federal political committee.	MD 21218-1832	Amount of Each Receipt this Period 250.00
Name of Employer Doctors Emergency Services	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Theresa Gunnarson		Date of Receipt
Mailing Address 7460 Eagle Ridge Rd		10 03 2009
City	State Zip Code	Transaction ID: C802046
<u>Orr</u>	MN 55771-8473	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Saint Marys Medical Center	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Michael G G Guttenberg		Date of Receipt
Mailing Address 11 Glen Hill Ln		10 03 2009
City	State Zip Code	Transaction ID: C802025
Tarrytown	NY 10591-5055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer St Josephs Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)		625.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	d Statements may not be sold or used by any person the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Benjamin T T Hafkenschiel Mailing Address 1100 Westridge Dr City Portola Vly FEC ID number of contributing federal political committee. Name of Employer Dr. Benjamin T Hafkenschiel Receipt For: Primary General	State Zip Code CA 94028-7341 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Christopher G G Hamann Mailing Address 5661 Cypress Hollo City Naples FEC ID number of contributing federal political committee.	w Way State Zip Code FL 34109-5908	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Naples Emergency Physicia- ns Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Emergency Physician Aggregate Year-to-Date 250.00	Pote of Possist
Ginger A A Hamrick Mailing Address 2600 6th St SW City Canton FEC ID number of contributing federal political committee. Name of Employer Aultman Hosp Receipt For: Primary General	State Zip Code OH 44710-1702 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) SUBTOTAL of Receipts This Page (optional	2100.00	2196.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	(1)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 153 / 474 (check only one) X
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Politi	cal Action Com	nmittee	
Full Name (Last, First, Middle Initial) Ginger A A Hamrick			Date of Receipt
Mailing Address 2600 6th St SW			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: C782300
Canton	OH	44710-1702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Aultman Hosp	Occupation		
Receipt For:		cy Physician Year-to-Date ▼	\dashv
Primary General	Aggregate		7
Other (specify) ▼	0 0	2100.00	
Full Name (Last, First, Middle Initial) Juhn Mark Mark Han			Date of Receipt
Mailing Address 1938 Middle Rd			0 9 0 2 2 0 0 9
City	State	Zip Code	Transaction ID: C776096
<u>Duluth</u>	MN	55811-1621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St Marys Med Ctr	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Paul K K Hanashiro			Date of Receipt
Mailing Address 2760 San Pasqual			1 1 1 2 2 0 0 9
City	State	Zip Code	Transaction ID: C804553
Pasadena	CA	91107-5340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Dr. Paul K Hanashiro	Occupation Emergen	n cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
			850.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 474 (check only one) X 11a
or for commer NAME OF	on copied from such Reports and Si cial purposes, other than using the COMMITTEE (In Full) Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
J Brian Har Mailing Ad City Saginaw FEC ID nu federal pol	mber of contributing itical committee. mployer iniv Colg of Hmn		ncy Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name J Brian Har Mailing Ad City Saginaw FEC ID nu	(Last, First, Middle Initial) hocock dress 4827 Pebworth PI mber of contributing itical committee.	State MI	Zip Code 48603-9306	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Medn Receipt Fc Prim Othe	Iniv Colg of Hmn or: ary General or (specify) ▼ (Last, First, Middle Initial)	, ' -	n ncy Physician e Year-to-Date ▼ 1250.00	
federal pol	mber of contributing itical committee.	State MI	Zip Code 48603-9306	Date of Receipt M M 3 1 2 0 0 9 Transaction ID: C839130 Amount of Each Receipt this Period 250.00
Medn Receipt Fo		. '	n ncy Physician e Year-to-Date ▼ 1250.00	
SUBTOTAL	of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any perso the name and address of any political committee to tical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mary E E Hancock Mailing Address 702 Oakdale Cir		Date of Receipt 10 14 2009
City <u>E</u> lyria	State Zip Code OH 44035-0910	Transaction ID: C792064 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EMP Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Daniel A Aaron Handel Mailing Address 12716 NW 26th Av	re	Date of Receipt 1 0 1 9 2 0 0 9
City	State Zip Code	Transaction ID: C793997
Vancouver FEC ID number of contributing federal political committee.	WA 98685-2005	Amount of Each Receipt this Period 250.00
Name of Employer OR HIth & Science Univ CD- W-EM Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Tricia Thompson Thompson Handel Mailing Address 3862 Old Post Rd		Date of Receipt 10 30 2009
City	State Zip Code	Transaction ID: C798729
Salisbury FEC ID number of contributing federal political committee.	MD 21804-2544	Amount of Each Receipt this Period 250.00
Name of Employer Emer Svc Ass	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Passints This Pass (antico	al)	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics National Emergency Medicine Politics National Emergency Medicine Politics	d Statements may not be sold or used by any person the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Jamieson Jamieson Hanna Mailing Address 8308 Juxa Dr City Myrtle Beach FEC ID number of contributing federal political committee. Name of Employer Dr. Mark Jamieson Hanna Receipt For: Primary General Other (specify)	State Zip Code SC 29579-5311 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alfred R R Hansen Mailing Address 141 Cherokee Park City Lexington FEC ID number of contributing federal political committee. Name of Employer Dr. Alfred R Hansen	State Zip Code KY 40503-1303 C Occupation Emergency Physician	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 General Other (specify) Full Name (Last, First, Middle Initial) Wayne C C Hardwick Mailing Address 1675 Davis Ln City Reno FEC ID number of contributing federal political committee.	Aggregate Year-to-Date ▼ 500.00 State Zip Code NV 89511-7598 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Washoe Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) >	1500.00

Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political Full Name (Last, First, Middle Initial) Russell H H Harris Mailing Address 5829 Wissahickon Avective City Philadelphia FEC ID number of contributing	e name and address of any political committee	Date of Receipt Transaction ID: C787842
Full Name (Last, First, Middle Initial) Russell H H Harris Mailing Address 5829 Wissahickon Ave City Philadelphia	e State Zip Code	10 04 2009
City Philadelphia	State Zip Code	10 04 2009
Philadelphia	•	Transaction ID: C787842
•	1 A 19144-4440	Amount of Fook Descint this Devied
federal political committee.	C	Amount of Each Receipt this Period
Name of Employer EmCare Inc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Russell H H Harris Mailing Address 5829 Wissahickon Av	Δ	Date of Receipt
		10 05 2009
City	State Zip Code	Transaction ID: C788977
Philadelphia FEC ID number of contributing federal political committee.	PA 19144-4446	Amount of Each Receipt this Period
Name of Employer EmCare Inc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) William Carl Carl Harris		Date of Receipt
Mailing Address 3703 Westbeech Ct		07 01 YYYY 2009
City	State Zip Code	Transaction ID: C746792
Hudsonville	MI 49426-7355	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer EPI, PC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	1	2100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11	
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any person the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Todd Douglas Douglas Hartgerink Mailing Address 2499 Ranchland Dr City Byron Ctr	State Zip Code MI 49315-9797	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 Metropolitan Hosp Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 1000.00	1000.00	
Full Name (Last, First, Middle Initial) Gary Paul Paul Hartman-Hurt Mailing Address 11355 T Ave E City Scotts FEC ID number of contributing federal political committee. Name of Employer SW Michigan Emerg Svcs PC Receipt For: Primary General Other (specify) Other (specify)	State Zip Code MI 49088-8340 C Occupation Emergency Physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Full Name (Last, First, Middle Initial) Gary Paul Paul Hartman-Hurt Mailing Address 11355 T Ave E City Scotts FEC ID number of contributing federal political committee. Name of Employer SW Michigan Emerg Svcs PC Receipt For: Primary General Other (specify)	State Zip Code MI 49088-8340 C Occupation Emergency Physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
SUBTOTAL of Receipts This Page (optional	ıl) >	1200.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 474 (check only one) X
	Ustatements may not be sold or used by any personante name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Gary Paul Paul Hartman-Hurt		Date of Receipt
Mailing Address 11355 T Ave E	Chate 7in Code	12 31 2009
City Scotts	State Zip Code MI 49088-8340	Transaction ID: C839099 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer SW Michigan Emerg Svcs PC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Stephen Carl Carl Hartsell		Date of Receipt
Mailing Address 75 N Medical Dr #11	50	10 04 2009
City	State Zip Code	Transaction ID: C787844
Salt Lake City	UT 84132-0005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Univ of Utah ED	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) William C C Haselow	I	Date of Receipt
Mailing Address 7118 W Lafayette P		10 03 2009
City	State Zip Code	Transaction ID: C802053
Mequon	WI 53092-8600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Infinity HealthCare Inc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>	1100.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 474 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kelly A A Hedlund Mailing Address 2688 Summit Dr			Date of Receipt
City Glenview FEC ID number of contributing	State IL	Zip Code 60025-7608	Transaction ID: C761779 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)		n ncy Physician e Year-to-Date ▼	400.00
Full Name (Last, First, Middle Initial) Diane Beth Beth Heller Mailing Address 34 Glen Oaks Ave			Date of Receipt 0 8 2 5 2 0 0 9
City Summit FEC ID number of contributing federal political committee.	State NJ	Zip Code 07901-2416	Transaction ID: C770787 Amount of Each Receipt this Period 700.00
Name of Employer Morristown Mem Hosp Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Gary Thomas Thomas Hemann Mailing Address 1650 S Sky Ridge [Dr .		Date of Receipt
City West Des Moines FEC ID number of contributing	State IA	Zip Code 50266-3812	Transaction ID: C766205 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer Mercy Med Ctr	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	l)		1350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 474 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sean O'Brien O'Brien Henderson			Date of Receipt
Mailing Address 7327 Alta Vis	State	Zip Code	1 0 0 4 2 0 0 9 Transaction ID: C787853
La Verne	CA	91750-1103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer LAC USC Med Ctr EM Dept	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Charles W W Henrichs, III Mailing Address 800 N Justice St	_ I		Date of Receipt
			07 30 2009
City	State	Zip Code	Transaction ID: C761764
<u>Hendersonville</u>	NC	28791-3410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Hendersonville Emer Consu- ltant	_ · · _ · _ ·	ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00]
Full Name (Last, First, Middle Initial) Charles W W Henrichs, III			Date of Receipt
Mailing Address 800 N Justice St			10 29 2009
City	State	Zip Code	Transaction ID: C798601
Hendersonville	NC	28791-3410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Hendersonville Emer Consu- Itant		ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00]
SUBTOTAL of Receipts This Page (optional	`		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 162 / 474 (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)	atements may not be sold name and address of any	or used by any perso political committee to	
National Emergency Medicine Political	Action Committee		
Full Name (Last, First, Middle Initial) Andrew T T Herd			Date of Receipt
Mailing Address 11111 S 84th St			10 24 2009
City	State Zip Coo	de	Transaction ID: C796642
<u>Papillion</u>	NE 68046-	4122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Midlands Hosp	Occupation Emergency Physici	an	
Receipt For:	Aggregate Year-to-Dat		7
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Sanford H H Herman			Date of Receipt
Mailing Address 424 Sandcastle Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Coo	de	Transaction ID: C769944
Franklin	TN 37069-	7221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Gateway Hith Syst	Occupation Emergency Physici	an	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Dat	e ▼ 270.00	
Full Name (Last, First, Middle Initial) Herbert Eugene Eugene Hern			Date of Receipt
Mailing Address 1411 E 31st St			10 04 2009
City	State Zip Coo	de	Transaction ID: C787858
Oakland	CA 94602-	1018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer ACMC Dept of EM	Occupation Emergency Physici	an	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Dat		
SUBTOTAL of Receipts This Page (optional)		······	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 474 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Eric O O Herrera Mailing Address 285 Golf club		Date of Receipt
Mailing Address 285 Golf club City	State Zip Code	1 0 2 4 2 0 0 9 Transaction ID: C796643
key west	FL 33040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer HealingSquad	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) David A A Hexter		Date of Receipt
Mailing Address 1405 Tayside Way		10 06 7 2009
City	State Zip Code	Transaction ID: C789495
Bel Air	MD 21015-5620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Social Security Admin	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Carter D D Hill	I	Date of Receipt
Mailing Address 6805 SE 32nd St		07 17 2009
City	State Zip Code	Transaction ID: C754936
Mercer Island	WA 98040-2555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Holland American & Windst- er	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 474 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Hugh F F Hill, III Mailing Address 6915 Radnor Rd City Bethesda FEC ID number of contributing federal political committee. Name of Employer John Hopkins Bayview Dept EM	State MD C Occupation Emerger	Zip Code 20817-6328	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 General Other (specify) ▼	, '	e Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Jon Mark Mark Hirshon Mailing Address 1062 River Bay Rd City Annapolis FEC ID number of contributing federal political committee. Name of Employer Univ of MD ED Receipt For:		Zip Code 21409-4830 n n n n n cy Physician e Year-to-Date	Date of Receipt M M J J D D J Z D O D J Z D O D D D D D D D D D D D D D D D D D
Primary General Other (specify) Full Name (Last, First, Middle Initial) Jon Mark Mark Hirshon Mailing Address 1062 River Bay Rd		1250.00	Date of Receipt
City Annapolis FEC ID number of contributing federal political committee. Name of Employer Univ of MD ED	State MD C Occupation		Transaction ID: C785414 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	- '	ncy Physician e Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		•	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	d Statements may not be sold or used by any person the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jon Mark Mark Hirshon Mailing Address 1062 River Bay Rd City Annapolis FEC ID number of contributing federal political committee. Name of Employer Univ of MD ED Receipt For: Primary General	State Zip Code MD 21409-4830 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Larry Hobbs Mailing Address 12717 Brewster Dr City Ft Myers FEC ID number of contributing federal political committee. Name of Employer SW Florida Reg Med Ctr Receipt For: Primary General Other (specify)	State Zip Code FL 33908-1809 C Occupation Emergency Physician Aggregate Year-to-Date 999.96	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Larry Hobbs Mailing Address 12717 Brewster Dr City Ft Myers FEC ID number of contributing federal political committee. Name of Employer SW Florida Reg Med Ctr Receipt For: Primary General Other (specify)	State Zip Code FL 33908-1809 C Occupation Emergency Physician Aggregate Year-to-Date 999.96	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l) >	416.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 166 / 474 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	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.
NAME OF COMMITTEE (In Full)	<u> </u>		
National Emergency Medicine Polit	tical Action Com	nmittee	
Full Name (Last, First, Middle Initial) Larry Hobbs			Date of Receipt
Mailing Address 12717 Brewster Dr			09 28 2009
City	State	Zip Code	Transaction ID: C785406
Ft Myers	FL	33908-1809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer SW Florida Reg Med Ctr	Occupation		
Receipt For:	- 	cy Physician Year-to-Date ▼	\dashv
Primary General	Aggregate		7
Other (specify)		999.96	
Full Name (Last, First, Middle Initial) Larry Hobbs			Date of Receipt
Mailing Address 12717 Brewster Dr			M M / D D / Y Y Y Y
City	State	Zip Code	10 06 2009
Ft Myers	FL	33908-1809	Transaction ID: C789469 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer SW Florida Reg Med Ctr	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	
Full Name (Last, First, Middle Initial) Larry Hobbs			Date of Receipt
Mailing Address 12717 Brewster Dr			1 1 3 0 2 0 0 9
City	State	Zip Code	Transaction ID: C810241
Ft Myers	FL	33908-1809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer SW Florida Reg Med Ctr	Occupation Emergen	n cy Physician	
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼	0 0	999.96	
SUBTOTAL of Receipts This Page (optional	al)		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 167 / 474 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Larry Hobbs Mailing Address 12717 Brewster Dr City Ft Myers FEC ID number of contributing federal political committee. Name of Employer SW Florida Reg Med Ctr Receipt For: Primary General Other (specify)	State Zip Code FL 33908-1809 C Occupation Emergency Physician Aggregate Year-to-Date 999.96	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Cherri D D Hobgood Mailing Address 6599 Gordonton Rd City Hurdle Mills FEC ID number of contributing federal political committee. Name of Employer Neurosciences Hosp Receipt For: Primary General Other (specify)	State Zip Code NC 27541-9215 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James William William Hoekstra Mailing Address Medical Center Blvd City Winston Salem FEC ID number of contributing federal political committee. Name of Employer Wake Forest Univ Schl of Med Receipt For: Primary General Other (specify)	State Zip Code NC 27157-0001 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1583.33

Any info	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 15 16
	ormation copied from such Reports and Stommercial purposes, other than using the ME OF COMMITTEE (In Full)	atements 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.
\	ional Emergency Medicine Political	Action Com	nmittee	
Doug	Name (Last, First, Middle Initial) glas James James Hoey			Date of Receipt
Maili	ng Address 212 Tanglewood Dr			08 18 2009
City		State	Zip Code	Transaction ID: C768732
<u>Holl</u>	land	MI	49424-2332	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		250.00
Nam Holla	e of Employer and Comm Hosp	Occupation Emergen	n icy Physician	
Rece	eipt For: Primary General	Aggregate	e Year-to-Date ▼ 500.00	1
	Other (specify) ▼		0 0 0 0 0 0	
	Name (Last, First, Middle Initial) glas James James Hoey			Date of Receipt
	ng Address 212 Tanglewood Dr			09 23 7 2009
City		State	Zip Code	Transaction ID: C782459
<u>Holl</u>	land	MI	49424-2332	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		250.00
Nam Holla	ne of Employer and Comm Hosp	Occupation Emergen	n ncy Physician	
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	Name (Last, First, Middle Initial) in T Holloway			Date of Receipt
Maili	ng Address 8815 Challis Farm Rd			09 30 7 2009
City		State	Zip Code	Transaction ID: C787027
<u>Cha</u>	arlotte	NC	28226-2619	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		20.00
Nam Mid oc P	e of Employer Atlantic Emer Med Ass- C	Occupation Emergen	n Icy Physician	
	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 4 / 4 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Edwin T Holloway			Date of Receipt
Mailing Address 8815 Challis Farm F	Rd		09 30 7 2009
City Charlotte	State NC	Zip Code 28226-2619	Transaction ID: C787042 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1010	20.00
Name of Employer Mid Atlantic Emer Med Ass- oc PC	Occupation Emergen	n Icy Physician	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Edwin T Holloway			Date of Receipt
Mailing Address 8815 Challis Farm F	Rd		0 9 3 0 2 0 0 9
City	State NC	Zip Code	Transaction ID: C787078
Charlotte FEC ID number of contributing federal political committee.	C	28226-2619	Amount of Each Receipt this Period 20.00
Name of Employer Mid Atlantic Emer Med Ass- oc PC	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Edwin T Holloway			Date of Receipt
Mailing Address 8815 Challis Farm F	Rd		12 31 2009
City Charlotte	State NC	Zip Code 28226-2619	Transaction ID: C848286
FEC ID number of contributing federal political committee.	C	20220-2019	Amount of Each Receipt this Period 20.00
Name of Employer Mid Atlantic Emer Med Ass- oc PC		cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional			60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any personal the name and address of any political committee to ical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Edwin T Holloway Mailing Address 8815 Challis Farm City Charlotte FEC ID number of contributing federal political committee. Name of Employer Mid Atlantic Emer Med Ass-	State Zip Code NC 28226-2619 C Occupation	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: C848287 Amount of Each Receipt this Period 20.00
oc PC Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Edwin T Holloway Mailing Address 8815 Challis Farm City	Rd State Zip Code	Date of Receipt M
Charlotte FEC ID number of contributing federal political committee.	NC 28226-2619	Amount of Each Receipt this Period 20.00
Name of Employer Mid Atlantic Emer Med Assoc PC Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 240.00]
Full Name (Last, First, Middle Initial) Douglas K K Holtzman Mailing Address 120 Deckerleaf Ct		Date of Receipt 1 2 2 3 2 0 0 9
City	State Zip Code	Transaction ID: C820027
Winston Salem FEC ID number of contributing federal political committee.	NC 27106-8753	Amount of Each Receipt this Period 250.00
Name of Employer Dr. Douglas K Holtzman	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	ıl)	290.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 171 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
An or f	y information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any per are name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
<u>/</u>	Full Name (Last, First, Middle Initial) Sandy J J Honke		Date of Receipt
	Mailing Address 3815 Pine View Dr		07 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: C749649
	Rapid City	SD 57702-6977	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Rapid City Regional Hosp ED	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
	Full Name (Last, First, Middle Initial) Hans Roberts Roberts House		Date of Receipt
	Mailing Address 200 Hawkins Dr Rcp	1008	10 03 7 2009
	City	State Zip Code	Transaction ID: C802047
	lowa City	IA 52242-1007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Univ of IA Hosps & Clncs	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Shkelzen Hoxhai		Date of Receipt
	Mailing Address 4130 Drake St		10 04 2009
	City	State Zip Code	Transaction ID: C787856
	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	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
		1	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics National Emergency Medicine Politics	d Statements may not be sold or used by any perso the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lisa Dianne Dianne Hrutkay Mailing Address 1464 Stoolfire Rd City Valley Grove FEC ID number of contributing federal political committee. Name of Employer EMSTAR OVMC Receipt For: Primary General	State Zip Code WV 26060-7934 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Peter V V Hull Mailing Address 149 Lost Oak Ct City Roseville	State Zip Code CA 95661-4062	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Sutter Roseville Med Ctr Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 563.65	367.65
Full Name (Last, First, Middle Initial) Peter V V Hull Mailing Address 149 Lost Oak Ct City Roseville FEC ID number of contributing federal political committee.	State Zip Code CA 95661-4062	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Sutter Roseville Med Ctr Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date 563.65	
SUBTOTAL of Receipts This Page (optional) >	1363.65

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any person g the name and address of any political committee to sitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter V V Hull Mailing Address 149 Lost Oak Ct City Roseville FEC ID number of contributing federal political committee. Name of Employer Sutter Roseville Med Ctr	State Zip Code CA 95661-4062 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 563.65	
Full Name (Last, First, Middle Initial) Phillip D D Hunt Mailing Address 7308 Duckabush L City	_n State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Silverdale FEC ID number of contributing federal political committee.	WA 98383-9342	Amount of Each Receipt this Period 100.00
Name of Employer Dr. Phillip D Hunt Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) Alice D D Hunter Mailing Address 38 Tierra Verde Ci	<u> </u>	Date of Receipt 0 7 3 0 2 0 0 9
City Walnut Creek	State Zip Code CA 94598-4857	Transaction ID: C761822 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer California Emer Phys Med	Occupation	367.65
Grp Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 463.65	
SUBTOTAL of Receipts This Page (option	nal)	567.65

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 174 / 474 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Com	nmittee	
Full Name (Last, First, Middle Initial) Alice D D Hunter			Date of Receipt
Mailing Address 38 Tierra Verde Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C807361
Walnut Creek	CA	94598-4857	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		96.00
Name of Employer California Emer Phys Med	Occupation	n ocy Physician	
Grp Receipt For:		Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	Aggregate	463.65	
Full Name (Last, First, Middle Initial) David L L Hunter	<u> </u>		Date of Receipt
Mailing Address 784 Lockhart Gulch Rd	l		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: C761877
Scotts Valley	CA	95066-2915	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		367.65
Name of Employer Regl Med Ctr of San Jose ED	Occupation Emergen	n icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) David L L Hunter			Date of Receipt
Mailing Address 784 Lockhart Gulch Rd	l		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: C807177
Scotts Valley	CA	95066-2915	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		96.00
Name of Employer Regl Med Ctr of San Jose ED	Occupation Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 463.65	
SUBTOTAL of Receipts This Page (optional)			559.65

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 / 474 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) John Bruce Bruce Irwin Mailing Address 12328 Bluff Shore I	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 Knoxville FEC ID number of contributing federal political committee.	State TN	Zip Code 37922-6102	Transaction ID: C766210 Amount of Each Receipt this Period 500.00
Name of Employer Southeastern Emer Phys Receipt For: Primary General Other (specify) ▼		n ocy Physician e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) John Bruce Bruce Irwin Mailing Address 12328 Bluff Shore I	Dr		Date of Receipt 1 2 2 8 2 0 0 9
City Knoxville FEC ID number of contributing	State TN	Zip Code 37922-6102	Transaction ID: C820216 Amount of Each Receipt this Period 100.00
Name of Employer Southeastern Emer Phys Receipt For: Primary General Other (specify)	Occupation Emergen	n acy Physician e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Jerry I Jacobson Mailing Address 5137 W Lakewood	Dr		Date of Receipt
City Visalia FEC ID number of contributing federal political committee.	State CA	Zip Code 93291-9016	Transaction ID: C746773 Amount of Each Receipt this Period 100.00
Name of Employer Kaweah Delta District Hosp Receipt For: Primary General	- '	n acy Physician • Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	700.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 / 474 (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.
∠ 4 .	Full Name (Last, First, Middle Initial) Jerry I I Jacobson Mailing Address 5137 W Lakewood Dr			Date of Receipt
	City Visalia	State CA	Zip Code 93291-9016	Transaction ID: C807351 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		96.00
	Name of Employer Kaweah Delfa District Hosp Receipt For: Primary General Other (specify) ▼	- 	on ncy Physician e Year-to-Date ▼ 321.00	
3.	Full Name (Last, First, Middle Initial) H Gerlach James, III Mailing Address 58 Alachua Dr SE			Date of Receipt 0 7 1 4 2 0 0 9
	City	State	Zip Code	Transaction ID: C750697
	Winter Haven FEC ID number of contributing federal political committee.	C	33884-1406	Amount of Each Receipt this Period 250.00
	Name of Employer InPhyNet	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) George John John Janas Mailing Address 290 Brook View Dr			Date of Receipt
		State	Zin Codo	09 28 2009
	City Cuyahoga Falls	State OH	Zip Code 44223-3533	Transaction ID: C785431 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Mercy Med Ctr	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 1100.00	
	SUBTOTAL of Receipts This Page (optional)	1		1346.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 177 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stephen G G Jaskowiak Mailing Address 8531 S 70th E Ave City Tulsa FEC ID number of contributing federal political committee. Name of Employer Dr. Stephen G Jaskowiak Receipt For: Primary General Other (specify)	State Zip Code OK 74133-5084 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M C 2 3 2 0 0 9 Transaction ID: C760127 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) David Peter Peter John Mailing Address 2100 Dorchester Ave City Dorchester FEC ID number of contributing federal political committee. Name of Employer Caritas Carney Hosp Dept of EM Receipt For: Primary General Other (specify)	State Zip Code MA 02124-5615 C Occupation Emergency Physician Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Peter Peter John Mailing Address 2100 Dorchester Ave City Dorchester FEC ID number of contributing federal political committee. Name of Employer Caritas Carney Hosp Dept of EM Receipt For: Primary General Other (specify)	State Zip Code MA 02124-5615 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	1000.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 / 474 (check only one) X
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) ational Emergency Medicine Politica	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\. <u>Da</u>	all Name (Last, First, Middle Initial) avid Peter Peter John ailing Address 2100 Dorchester Ave	State	Zip Code	Date of Receipt 1 0 1 5 2 0 0 9 Transaction ID: C792237
FE	orchester C ID number of contributing deral political committee.	C	02124-5615	Amount of Each Receipt this Period 250.00
<u>of</u>	ame of Employer aritas Carney Hosp Dept EM eceipt For: Primary General Other (specify) ▼	,	nn ncy Physician e Year-to-Date ▼ 750.00	
8. <u>Ala</u>	Il Name (Last, First, Middle Initial) an M M Johnson ailing Address 5801 Harbord Dr			Date of Receipt 0 7 2 4 2 0 0 9
Cit	ty akland	State CA	Zip Code 94611-3122	Transaction ID: C760982
FE	EC ID number of contributing deral political committee.	C	94011-5122	Amount of Each Receipt this Period 250.00
Er <u>n's</u>		, ' -	ncy Physician	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
. Ala	Il Name (Last, First, Middle Initial)	1		Date of Receipt
	ailing Address 5801 Harbord Dr	Obsta	7'- O. I.	12 15 2009
Cit <u>O</u> :	akland	State CA	Zip Code 94611-3122	Transaction ID: C818082 Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C		100.00
<u>n's</u>		, ' 	ncy Physician	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SUB	TOTAL of Receipts This Page (optional)	1		600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 179 / 474 (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)	Statements may e name and add	not be sold or used by any perso fress of any political committee to	
National Emergency Medicine Political	l Action Com	mittee	
Full Name (Last, First, Middle Initial) Kendrick Johnson			Date of Receipt
Mailing Address 103 Black Gold Ln			07 30 2009
City	State	Zip Code	Transaction ID: C761858
Folsom	CA	95630-3413	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		367.65
Name of Employer Mercy Folsom Hosp	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) Kendrick Johnson			Date of Receipt
Mailing Address 103 Black Gold Ln			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: C807159
Folsom	CA	95630-3413	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		96.00
Name of Employer Mercy Folsom Hosp	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) Suzanne E E Johnson			Date of Receipt
Mailing Address 4329 Gregory St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C807138
<u>Oakland</u>	CA	94619-2238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		96.00
Name of Employer Dr. Suzanne E Johnson	Occupation Emergen	n cy Physician	7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 296.00	
SUBTOTAL of Receipts This Page (optional)			559.65

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 4 / 4 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli			
Full Name (Last, First, Middle Initial) Timothy James James Johnson			Date of Receipt
Mailing Address 6609 Southdale Ro	j		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edina	State MN	Zip Code 55435-1650	Transaction ID: C768701 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	001001000	100.00
Name of Employer Emerg Phys PA	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Timothy James James Johnson			Date of Receipt
Mailing Address 6609 Southdale Ro	1		09 23 7 2009
City Edina	State MN	Zip Code 55435-1650	Transaction ID: C782464
FEC ID number of contributing federal political committee.	C	33433-1030	Amount of Each Receipt this Period 150.00
Name of Employer Emerg Phys PA	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ryan Austin Austin Jones			Date of Receipt
Mailing Address 4315 Beeman Rd			07 23 2009
City Williamson	State MI	Zip Code 48895-9346	Transaction ID: C760131
FEC ID number of contributing federal political committee.	C	40090-9040	Amount of Each Receipt this Period 500.00
Name of Employer Dr. Ryan Austin Jones	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	- D		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 181 / 474 (check only one) X 11a
or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Jeffrey Alan Alan Joseph Mailing Address 14855 Tyler Mill Ct		Date of Receipt
City	State Zip Code	0 7 3 0 2 0 0 9 Transaction ID: C761760
<u>Haymarket</u>	VA 20169-2628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dr. Jeffrey Alan Joseph	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Jeffrey Alan Alan Joseph		Date of Receipt
Mailing Address 14855 Tyler Mill Ct		08 / 28 / 2009
City	State Zip Code	Transaction ID: C773687
<u>Haymarket</u>	VA 20169-2628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Dr. Jeffrey Alan Joseph	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Jeffrey Alan Alan Joseph		Date of Receipt
Mailing Address 14855 Tyler Mill Ct		09 28 7 2009
City <u>Ha</u> ymarket	State Zip Code VA 20169-2628	Transaction ID: C785392 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20103 2020	100.00
Name of Employer Dr. Jeffrey Alan Joseph	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
	•	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 182 / 474 (check only one) X
A	ny information copied from such Reports and refor 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.
A.	Full Name (Last, First, Middle Initial) Charles W W Judy Mailing Address 901 S Olivet City Columbia FEC ID number of contributing federal political committee. Name of Employer Capital Emer Phys	State MO C Occupatio	Zip Code 65201-9670	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 General Other (specify) ▼	, ' 	ncy Physician e Year-to-Date ▼ 600.00	
3.	Full Name (Last, First, Middle Initial) Charles W W Judy Mailing Address 901 S Olivet			Date of Receipt 1 1 0 9 7 9 2 0 0 9
	City Columbia FEC ID number of contributing federal political committee.	State MO	Zip Code 65201-9670	Transaction ID: C802143 Amount of Each Receipt this Period 100.00
	Name of Employer Capital Emer Phys Receipt For: Primary General Other (specify) ▼	, ' 	n ncy Physician e Year-to-Date ▼ 600.00	
-).	Full Name (Last, First, Middle Initial) Frank John Kaeberlein Mailing Address 9380 Portage St NW			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 Massillon	State OH	Zip Code 44646	Transaction ID: C770206 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Stark County Emergency Ph-	Occupatio	n ocy physician	1000.00
	ysicians Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼	
	SUBTOTAL of Receipts This Page (optional) .	1		1600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 183 / 474 (check only one) X
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	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Steven B B Kailes Mailing Address 1998 Rivergate Dr			Date of Receipt
	City Orange Park	State FL	Zip Code 32003-8686	Transaction ID: C761753 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02000	83.33
	Name of Employer Southeast Emer Consultant Receipt For: Primary General Other (specify) ▼	, ' <u> </u>	on ncy Physician e Year-to-Date ▼ 749.97	
3.	Full Name (Last, First, Middle Initial) Steven B B Kailes Mailing Address 1998 Rivergate Dr	1		Date of Receipt 0 8 2 8 2 0 0 9
	City	State	Zip Code	Transaction ID: C773692
	Orange Park FEC ID number of contributing federal political committee.	FL C	32003-8686	Amount of Each Receipt this Period 83.33
	Name of Employer Southeast Emer Consultant	Occupation Emerger	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 749.97	
_	Full Name (Last, First, Middle Initial) Steven B B Kailes			Date of Receipt
	Mailing Address 1998 Rivergate Dr			09 / 28 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C785401
	Orange Park FEC ID number of contributing federal political committee.	C	32003-8686	Amount of Each Receipt this Period 83.33
	Name of Employer Southeast Emer Consultant	Occupation Emerger	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 749.97	
s	UBTOTAL 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 184 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16		
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee			
	Full Name (Last, First, Middle Initial) Steven B B Kailes		Date of Receipt		
	Mailing Address 1998 Rivergate Dr		10 29 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State Zip Code	Transaction ID: C798592		
	Orange Park	FL 32003-8686	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	83.33		
	Name of Employer Southeast Emer Consultant	Occupation Emergency Physician			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97			
_	Full Name (Last, First, Middle Initial) Steven B B Kailes		Date of Receipt		
	Mailing Address 1998 Rivergate Dr		11		
	City	State Zip Code	Transaction ID: C810229		
	Orange Park	FL 32003-8686	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	83.33		
	Name of Employer Southeast Emer Consultant	Occupation Emergency Physician			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97			
	Full Name (Last, First, Middle Initial) Steven B B Kailes		Date of Receipt		
	Mailing Address 1998 Rivergate Dr		12 31 2009		
	City	State Zip Code	Transaction ID: C839124		
	Orange Park	FL 32003-8686	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	83.33		
	Name of Employer Southeast Emer Consultant	Occupation Emergency Physician			
	Receipt For:	Aggregate Year-to-Date ▼			
	Primary General Other (specify) ▼	749.97			
Г			249.99		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 185 / 474 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Neeraja Kairam Mailing Address 20 Club Drive			Date of Receipt
City Summit FEC ID number of contributing	State NJ	Zip Code 07901-3138	Transaction ID: C803435 Amount of Each Receipt this Period 300.00
Name of Employer Emergency Medical Associates Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Kathy Marie Kallman Mailing Address 1889 Basswood Dri	ive		Date of Receipt 0 9 1 1 1 2 0 0 9
City	State	Zip Code	Transaction ID: C778481
<u>Kent</u>	OH	44240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SCEP	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 0.00	
Full Name (Last, First, Middle Initial) Kathy Marie Kallman			Date of Receipt
Mailing Address 1889 Basswood Dri	ive		10 06 2009
City	State	Zip Code	Transaction ID: C803437
Kent FEC ID number of contributing federal political committee.	OH C	44240	Amount of Each Receipt this Period -500.00
Name of Employer SCEP	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 0.00	
SUBTOTAL of Receipts This Page (optiona	J)(li		300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 186 / 4 / 4 (check only one)			
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Action Con	nmittee				
Full Name (Last, First, Middle Initial) Jay A Kaplan			Date of Receipt			
Mailing Address 300 Oak Ave						
City San Anselmo	State CA	Zip Code 94960-2703	Transaction ID: C761727 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	34900-2703	83.33			
Name of Employer CEP America	Occupatio Emergen	n ncy Physician				
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1196.00				
Full Name (Last, First, Middle Initial) Jay A Kaplan	 		Date of Receipt			
Mailing Address 300 Oak Ave			0 8 2 8 2 0 0 9			
City	State Zip Code					
San Anselmo FEC ID number of contributing federal political committee.	CA	94960-2703	Amount of Each Receipt this Period 83.33			
Name of Employer CEP America	Occupatio Emergen	n ncy Physician				
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1196.00				
Full Name (Last, First, Middle Initial) Jay A Kaplan			Date of Receipt			
Mailing Address 300 Oak Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: C785404			
San Anselmo FEC ID number of contributing federal political committee.	CA	94960-2703	Amount of Each Receipt this Period 83.37			
Name of Employer CEP America	Occupatio Emerger	n ncy Physician				
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1196.00				
SUBTOTAL of Receipts This Page (optional	al)		250.03			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 474 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personance name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politic	al Action Committee	
۸.	Full Name (Last, First, Middle Initial) Jay A Kaplan		Date of Receipt
	Mailing Address 300 Oak Ave		10 03 2009
	City	State Zip Code CA 94960-2703	Transaction ID: C802033
	San Anselmo FEC ID number of contributing federal political committee.	CA 94960-2703	Amount of Each Receipt this Period 83.33
	Name of Employer CEP America	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1196.00	
	Full Name (Last, First, Middle Initial) Jay A Kaplan		Date of Receipt
	Mailing Address 300 Oak Ave		11 18 2009
	City	State Zip Code	Transaction ID: C807127
	San Anselmo	CA 94960-2703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	96.00
	Name of Employer CEP America	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1196.00	
_ :	Full Name (Last, First, Middle Initial) Jay A Kaplan		Date of Receipt
	Mailing Address 300 Oak Ave		11 / 30 / Y Y Y Y
	City	State Zip Code	Transaction ID: C810222
	San Anselmo FEC ID number of contributing federal political committee.	CA 94960-2703	Amount of Each Receipt this Period 83.33
	Name of Employer CEP America	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1196.00	
	SUBTOTAL of Receipts This Page (optional)		262.66

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 4 / 4 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any 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 Politi	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Jay A Kaplan			Date of Receipt
Mailing Address 300 Oak Ave			12 31 2009
City San Anselmo	State CA	Zip Code 94960-2703	Transaction ID: C839129 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	34300-2700	83.33
Name of Employer CEP America	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1196.00	
Full Name (Last, First, Middle Initial) William L L Kasdon			Date of Receipt
Mailing Address 363 Highland Ave			07 24 2009
City	Transaction ID: C760965		
Fall River FEC ID number of contributing federal political committee.	C	02720-3703	Amount of Each Receipt this Period 100.00
Name of Employer Charlton Meml Hosp	Occupatio	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Marylu Kataja			Date of Receipt
Mailing Address 5930 Moray Ct			0 8 1 4 2 0 0 9
City Concord	State NC	Zip Code 28027-6438	Transaction ID: C766279
FEC ID number of contributing federal political committee.	C	20027-0430	Amount of Each Receipt this Period 100.00
Name of Employer Cabarrus Emer Med Assoc	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 360.00	
			283.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gary R R Katz Mailing Address 7918 Wisteria Ct City Dublin FEC ID number of contributing federal political committee. Name of Employer OSU, ED Receipt For: Primary General Other (specify)	State Zip Code OH 43016-8531 C Occupation Emergency Physician Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Brian F F Keaton Mailing Address 164 Silver Valley Blvd City Munroe Falls FEC ID number of contributing federal political committee. Name of Employer Summa Hith Syst Receipt For: Primary General Other (specify)	State Zip Code OH 44262-1084 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert Kec Mailing Address 1900 Paradise Ln City Prescott FEC ID number of contributing federal political committee. Name of Employer PMB 521 Receipt For: Primary General Other (specify)	State Zip Code AZ 86305-5284 C Occupation Emergency Physician Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y O 7 3 0 2 0 0 9 Transaction ID: C761775 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)		550.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 / 4 / 4 (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 oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Robert Kec			Date of Receipt
Mailing Address 1900 Paradise Ln			M M / D D / Y Y Y Y Y O O O O
City Prescott	State AZ	Zip Code 86305-5284	Transaction ID: C773700 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00000-3204	50.00
Name of Employer PMB 521	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Robert Kec	<u> </u>		Date of Receipt
Mailing Address 1900 Paradise Ln			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: C785397
Prescott	AZ	86305-5284	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer PMB 521	Occupatio Emergen	n Icy Physician	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	1
	0 0	0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial) Robert Kec			Date of Receipt
Mailing Address 1900 Paradise Ln			10 29 2009
City Prescott	State AZ	Zip Code 86305-5284	Transaction ID: C798597
FEC ID number of contributing federal political committee.	C	00300-3204	Amount of Each Receipt this Period 50.00
Name of Employer PMB 521	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	_ '	Year-to-Date ▼ 350.00	
			150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 / 474 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Robert Kec Mailing Address 1900 Paradise Ln City Prescott	State AZ	Zip Code	Date of Receipt M M M
	FEC ID number of contributing federal political committee.	С	86305-5284	Amount of Each Receipt this Period 50.00
	Name of Employer PMB 521 Receipt For: Primary General Other (specify) ▼	, ' 	ncy Physician e Year-to-Date ▼ 350.00	
3.	Full Name (Last, First, Middle Initial) Robert Kec Mailing Address 1900 Paradise Ln			Date of Receipt 1 2 3 1 2 0 0 9
	City Prescott FEC ID number of contributing	State AZ	Zip Code 86305-5284	Transaction ID: C839104 Amount of Each Receipt this Period 50.00
	Name of Employer PMB 521	Occupation Emerger	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Alfred Brian Brian Kelleher Mailing Address 5414 Sunrise Bluff Ct	1		Date of Receipt 0 8 1 0 2 0 0 9
	City	State	Zip Code	Transaction ID: C765385
	Midlothian FEC ID number of contributing federal political committee.	C	23112-2516	Amount of Each Receipt this Period 500.00
	Name of Employer CJW Med Ctr Chippenham	Occupation	n ncy Physician	
	Receipt For: Primary General Other (specify)	, ' 	e Year-to-Date ▼ 1000.00	
\[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 192 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A O	ny information copied from such Reports and a for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Com	nmittee	
۷.	Full Name (Last, First, Middle Initial) Alfred Brian Brian Kelleher			Date of Receipt
	Mailing Address 5414 Sunrise Bluff Ct		7in Code	09 29 2009
	City Midlothian	State VA	Zip Code 23112-2516	Transaction ID: C785511 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer CJW Med Ctr Chippenham	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Colleen E E Kelley	_		Date of Receipt
	Mailing Address 1300 Massachusetts	07 22 2009		
	City	State	Zip Code	Transaction ID: C760008
	Troy FEC ID number of contributing federal political committee.	C	12180-1628	Amount of Each Receipt this Period 250.00
	Name of Employer St Marys Hosp ED	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Alan Kenwood	1		Date of Receipt
	Mailing Address 6 South Hilll Court			0 8 2 4 2 0 0 9
	City Morristown	State NJ	Zip Code 07960	Transaction ID: C770580
	FEC ID number of contributing federal political committee.	C	07900	Amount of Each Receipt this Period 500.00
	Name of Employer Emergency Medical Associa- ates	Occupation Physician	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .	1		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 193 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any person the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stuart Gary Gary Kessler Mailing Address PO Box 71 City Marlboro FEC ID number of contributing federal political committee. Name of Employer Elmhurst Hosp Ctr ED Receipt For: Primary General Other (specify)	State Zip Code NJ 07746-0071 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Eric Michael Michael Ketcham Mailing Address 228 W 35th St City Farmington FEC ID number of contributing federal political committee. Name of Employer San Juan Reg Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NM 87401-4047 C Occupation Emergency Physician Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Munir Khalid-Abasi Mailing Address 17501 Martin Lake City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Ochsner Med Ctr Receipt For: Primary General Other (specify)	Dr State Zip Code LA 70816-3621 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	J)	700.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 194 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repor or for commercial purposes, other than under the NAME OF COMMITTEE (In Full) National Emergency Medicine F	ts and Statements may not be sold or used by any perso sing the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tariq Khan Mailing Address 11652 Log Jum City Ellicott City FEC ID number of contributing federal political committee. Name of Employer Sinai Hosp ED	State Zip Code MD 21042-1500 C Occupation	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 General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Babak Khazaeni Mailing Address 13690 Chaparra City	al Trl 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
Yucaipa FEC ID number of contributing federal political committee.	CA 92399-3601 C Occupation	Amount of Each Receipt this Period 367.65
Name of Employer Desert Regl Med Ctr Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date 463.65	
Full Name (Last, First, Middle Initial) Babak Khazaeni Mailing Address 13690 Chaparra	al Trl	Date of Receipt 1 1 1 8 2 0 0 9
City Yucaipa FEC ID number of contributing federal political committee.	State Zip Code CA 92399-3601	Transaction ID: C807171 Amount of Each Receipt this Period 96.00
Name of Employer Desert Regl Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 463.65	
SUBTOTAL of Receipts This Page (op	ional)	713.65

SCHEDULE A (FEC FOITTEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 195 / 474 (check only one) X
or for commercial purposes, other t	nan using the name and address of	of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle In James S S Kim Mailing Address 8038 Sancto	uary Dr State Z	ip Code	Date of Receipt 0 7 3 0 2 0 0 9 Transaction ID: C761879
Corona FEC ID number of contributing federal political committee.	CA S)2883-5952	Amount of Each Receipt this Period 367.65
Name of Employer Loma Linda Univ Receipt For: Primary General Other (specify) ▼	Occupation Emergency Pr Aggregate Year-	•	
Full Name (Last, First, Middle In James S S Kim Mailing Address 8038 Sanci	·		Date of Receipt 1 1 1 8 2 0 0 9
City Corona FEC ID number of contributing federal political committee.		ip Code 92883-5952	Transaction ID: C807169 Amount of Each Receipt this Period 96.00
Name of Employer Loma Linda Univ Receipt For: Primary General	Occupation Emergency Pr	to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle In Steven S S Kim	tial)	463.65	Date of Receipt
Mailing Address 21766 Thin City	bleberry Ct State Z	ip Code	0 9 0 3 2 0 0 9 Transaction ID: C776657
Corona FEC ID number of contributing federal political committee.	CA S	2883-7358	Amount of Each Receipt this Period 367.65
Name of Employer Riverside Cmnty Hosp	Occupation Emergency Pr	nysician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 463.65	
SUBTOTAL of Receipts This Pag	(optional)		831.30

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 196 / 4 / 4 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Steven S S Kim			Date of Receipt
Mailing Address 21766 Thimbleberry	y Ct		1 1 1 8 2 0 0 9
City Corona	State CA	Zip Code 92883-7358	Transaction ID: C815107 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	320077000	96.00
Name of Employer Riverside Cmnty Hosp	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) Kevin Michael Michael Klauer			Date of Receipt
Mailing Address 4281 Glenmoor Rd	NW		07 30 7 2009
City	State	Zip Code	Transaction ID: C761707
Canton FEC ID number of contributing federal political committee.	OH C	44718-2255	Amount of Each Receipt this Period 225.00
Name of Employer EMP Ltd	Occupation	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 3025.00	
Full Name (Last, First, Middle Initial) Jeffrey Allen Allen Klein			Date of Receipt
Mailing Address 1915 Smarty Jones Apt 317	3 Dr		09 30 7 2009
City Waxhaw	State NC	Zip Code 28173-7222	Transaction ID: C787029 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		17.00
Name of Employer MEMA	Occupation Emergen	n acy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 204.00	
SUBTOTAL of Receipts This Page (optional	al)		338.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 197 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial p	oied from such Reports and Sta urposes, other than using the n MITTEE (In Full) ergency Medicine Political /	ame and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last Jeffrey Allen Aller Mailing Address City Waxhaw FEC ID number federal political of Name of Employ MEMA Receipt For: Primary Other (spe	1915 Smarty Jones Dr Apt 317 of contributing committee.		Zip Code 28173-7222 n cy Physician Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 9 3 0 2 0 0 9 Transaction ID: C787048 Amount of Each Receipt this Period 17.00
Full Name (Last Jeffrey Allen Aller Mailing Address City Waxhaw FEC ID number federal political of Name of Employ MEMA Receipt For: Primary Other (spe	of contributing committee. General		Zip Code 28173-7222 n cy Physician Year-to-Date ▼ 204.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 3 0 2 0 0 9 Transaction ID: C787084 Amount of Each Receipt this Period 17.00
Full Name (Last Jeffrey Allen Aller Mailing Address City Waxhaw FEC ID number federal political of MEMA Receipt For: Primary Other (spe	of contributing committee. General		Zip Code 28173-7222 n cy Physician Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Re	ceipts This Page (optional))	51.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 198 / 4 / 4 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	ical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Jeffrey Allen Allen Klein			Date of Receipt
Mailing Address 1915 Smarty Jones Apt 317	Dr		1 2 3 1 2 0 0 9
City	State	Zip Code	Transaction ID: C848298
Waxhaw	NC	28173-7222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		17.00
Name of Employer MEMA	Occupation Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 204.00	
Full Name (Last, First, Middle Initial) Jeffrey Allen Allen Klein	L		Date of Receipt
Mailing Address 1915 Smarty Jones Apt 317			12 31 2009
City	State	Zip Code	Transaction ID: C848299
Waxhaw	NC	28173-7222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		17.00
Name of Employer MEMA	Occupation Emergen	n acy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	0 0	204.00	
Full Name (Last, First, Middle Initial) Jeffrey A A Kline			Date of Receipt
Mailing Address 12026 Matthew Mar	tin Ln		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: C760012
<u>Charlotte</u>	NC	28216-7767	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Carolinas Med Ctr ED	Occupation Emergen	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify)		250.00	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 199 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	National Emergency Medicine Politic	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Theodore I I Kloth		Date of Receipt
	Mailing Address 735 Snyder Ln		07 30 2009
	City Walnut Creek	State Zip Code CA 94598-4410	Transaction ID: C761854
	FEC ID number of contributing federal political committee.	CA 94598-4410	Amount of Each Receipt this Period 367.65
	Name of Employer John Muir Med Ctr ED	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 463.65	
_ З.	Full Name (Last, First, Middle Initial) Theodore I I Kloth Mailing Address 735 Snyder Ln		Date of Receipt
	Mailing Address 735 Snyder Ln		11 1 18 2009
	City	State Zip Code	Transaction ID: C815083
	Walnut Creek	CA 94598-4410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	96.00
	Name of Employer John Muir Med Ctr ED	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 463.65	
_).	Full Name (Last, First, Middle Initial) Vincent H H Knauf, II		Date of Receipt
	Mailing Address 4860 Louise Dr		1 1 1 8 2 0 0 9
	City	State Zip Code	Transaction ID: C815076
	San Diego FEC ID number of contributing federal political committee.	CA 92115-1921	Amount of Each Receipt this Period 96.00
	Name of Employer Sharp Chala Vista	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00	
Γ			559.65

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	d Statements may not be sold or used by any perso the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Christopher J J Knuth Mailing Address 3230 W Riverland I City Mequon FEC ID number of contributing federal political committee. Name of Employer Infinity HealthCare Inc	State Zip Code WI 53092-2836 C Occupation	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 General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Theodore Alfred Alfred Koerner Mailing Address 23 Penfro Dr		Date of Receipt 10 13 2009
City Iowa City FEC ID number of contributing federal political committee. Name of Employer INRISIS Corp	State Zip Code IA 52246-4927 C Occupation	Transaction ID: C791391 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Kevin P P Kooiker Mailing Address 151 Lake Ave N # 1 Apt 100A	00A	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Spicer FEC ID number of contributing	State Zip Code MN 56288-8605	Transaction ID: C776660 Amount of Each Receipt this Period
federal political committee. Name of Employer Rice Meml Hosp	Occupation Emergency Physician	100.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	l)	550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 201 / 474 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Scott Jason Jason Korvek Mailing Address 1212 Lakemont Dr City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Allegheny Gen Hosp Receipt For: Primary General Other (specify)	State Zip Code PA 15243-1874 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt 0 7 26 2009 Transaction ID: C761008 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Scott Jason Jason Korvek Mailing Address 1212 Lakemont Dr City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Allegheny Gen Hosp Receipt For: Primary General Other (specify)	State Zip Code PA 15243-1874 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Scott Jason Jason Korvek Mailing Address 1212 Lakemont Dr City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Allegheny Gen Hosp Receipt For: Primary General Other (specify)	State Zip Code PA 15243-1874 C Occupation Emergency Physician Aggregate Year-to-Date 1300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		300.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 202 / 474 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political			
Full Name (Last, First, Middle Initial) Scott Jason Jason Korvek Mailing Address 1212 Lakemont Dr City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Allegheny Gen Hosp Receipt For: Primary General Other (specify)	State PA C Occupation Emergen	Zip Code 15243-1874	Date of Receipt 10 26 2009 Transaction ID: C796678 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Scott Jason Jason Korvek Mailing Address 1212 Lakemont Dr City Pittsburgh FEC ID number of contributing	State PA	Zip Code 15243-1874	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer Allegheny Gen Hosp Receipt For: Primary General Other (specify)	,	n ncy Physician e Year-to-Date ▼	100.00
Full Name (Last, First, Middle Initial) Scott Jason Jason Korvek Mailing Address 1212 Lakemont Dr City Pittsburgh	State	Zip Code 15243-1874	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Allegheny Gen Hosp	C Occupation		100.00
Receipt For: Primary General Other (specify) ▼	, ' 	Year-to-Date ▼ 1300.00	
SUBTOTAL of Receipts This Page (optional)			300.00

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	SCHEDULE A (FEC Form 3X)		Llac caparata ashadula(a)	FOR LINE NUMBER: PAGE 203 / 474
	ITEMIZED RECEIPTS			(check only one)
	I EMIZED RECEIP 15		Detailed Summary Page	X 11a 11b 11c 12
_			, ,	13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements 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 solicit contributions from such committee.
- 1	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Shaheed I I Koury			Date of Receipt
	Mailing Address 10623 Monte Vista Ct			07 14 2009
	City	State	Zip Code	Transaction ID: C750674
	Fort Wayne	IN	46814-9069	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Lutheran Hosp ED	Occupation Emerger	n ncy Physician	
	Receipt For:		e Year-to-Date ▼	
	Primary General	/ iggi ogai.		1
	Other (specify) ▼		250.00	
				4
В.	Full Name (Last, First, Middle Initial) Theophile G G Koury			Date of Receipt
	Mailing Address 1033 McCauley Rd			M M / D D / Y Y Y Y
				07 30 2009
	City	State	Zip Code	Transaction ID: C761859
	<u>Danville</u>	CA	94526-1972	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		367.65
	Name of Employer CA Emer Phys	Occupation Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	33 - 3		1
	Other (specify) ▼		463.65	
с. С.	Full Name (Last, First, Middle Initial) Theophile G G Koury			Date of Receipt
•	Mailing Address 1033 McCauley Rd			M M / D D / Y Y Y Y Y Y 1 Y 1 1 1 1 8 2 0 0 9
	City	State	Zip Code	Transaction ID: C807096
	<u>Danville</u>	CA	94526-1972	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		96.00
	Name of Employer CA Emer Phys	Occupation	n ncy Physician	
	Receipt For:		e Year-to-Date ▼	
	Primary General	99.0941		1
	Other (specify) ▼		463.65	
	·			
Γ				
	SUBTOTAL of Receipts This Page (optional)			713.65
L	CODICIAL OF RECORPTS THIS I age (optional)			

TOTAL This Period (last page this line number only)

Brighton FEC ID number of contributing federal political committee. Name of Employer Univ of MI - Taubman Ctr	e and address of any political committee to s	Date of Receipt M M J D D J D J D J D D D D D D D D D D
A. Terry Kowalenko Mailing Address 4619 Oak Pointe Dr City Brighton FEC ID number of contributing federal political committee. Name of Employer Univ of MI - Taubman Ctr Receipt For:	MI 48116-7728 C ccupation mergency Physician ggregate Year-to-Date	Transaction ID: C750694 Amount of Each Receipt this Period
Receipt For:	mergency Physician ggregate Year-to-Date ▼	
Other (specify) ▼		
Full Name (Last, First, Middle Initial) Terry Kowalenko Mailing Address 4619 Oak Pointe Dr City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Brighton FEC ID number of contributing federal political committee.	MI 48116-7728 C ccupation	Amount of Each Receipt this Period 54.17
Univ of MI - Taúbman Ctr	mergency Physician ggregate Year-to-Date 433.36	
Full Name (Last, First, Middle Initial) Terry Kowalenko Mailing Address 4619 Oak Pointe Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Brighton	State Zip Code MI 48116-7728	Transaction ID: C773676 Amount of Each Receipt this Period
Name of Employer	ccupation	54.17
	mergency Physician ggregate Year-to-Date ▼ 433.36	
SUBTOTAL of Receipts This Page (optional)		162.51

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 205 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for cor	mation copied from such Reports and St nmercial 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.
A. Terry Mailin City Brigh FEC I federa Name Univ c	D number of contributing all political committee. of Employer of MI - Taubman Ctr		Zip Code 48116-7728 n ncy Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 9 28 2009 Transaction ID: C785393 Amount of Each Receipt this Period 54.17
Full N Terry	Primary ☐ General Other (specify) ▼ ame (Last, First, Middle Initial) Kowalenko g Address 4619 Oak Pointe Dr		433.36	Date of Receipt 10 29 2009
Name Univ	nton D number of contributing all political committee. of Employer of MI - Taubman Ctr pt For: Primary General Other (specify) ▼		Zip Code 48116-7728 n nicy Physician e Year-to-Date 433.36	Transaction ID: C798602 Amount of Each Receipt this Period 54.17
Mailin City Brigh	ame (Last, First, Middle Initial) Kowalenko g Address 4619 Oak Pointe Dr aton D number of contributing	State MI	Zip Code 48116-7728	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Recei	of Employer of MI - Taubman Ctr pt For: Primary General Other (specify)		n ncy Physician e Year-to-Date ▼ 433.36	
SUBTO	TAL of Receipts This Page (optional))	162.51

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 206 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11	
or for commercial purposes, other than using the	Statements may not be sold or used by any perso he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee		
Full Name (Last, First, Middle Initial) Christopher A A Kramer Mailing Address 4412 SW Gull Point	Dr	Date of Receipt	
City	State Zip Code	0 8 0 6 2 0 0 9 Transaction ID: C764047	
Lees Summit FEC ID number of contributing federal political committee.	MO 64082-4688	Amount of Each Receipt this Period 1000.00	
Name of Employer Lafayette Regl Hith Ctr Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	1000.00		
Gloria J J Kuhn Mailing Address 30062 White Hall Dr		Date of Receipt 0 7 0 9 2 0 0 9	
City	State Zip Code	Transaction ID: C749618	
Farmington HIs	MI 48331-1994	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer Med Ctr Emer Svcs	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Amy T T Kumagai		Date of Receipt	
Mailing Address PO Box 79		12 23 7 2009	
City	State Zip Code	Transaction ID: C820036	
Ankeny FEC ID number of contributing federal political committee.	IA 50021-0079	Amount of Each Receipt this Period 250.00	
Name of Employer Grinnell Regl Med Ctr	Occupation Emergency Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)		1750.00	
TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 207 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics	nd Statements may not be sold or used by any perso the name and address of any political committee to cical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Juliet La Mers Mailing Address 2655 Mace Rd City Camino FEC ID number of contributing federal political committee. Name of Employer Marshall Hosp Receipt For: Primary General	State Zip Code CA 95709-9609 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Juliet La Mers Mailing Address 2655 Mace Rd City Camino FEC ID number of contributing federal political committee. Name of Employer Marshall Hosp Receipt For:	State Zip Code CA 95709-9609 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Erik R R Lacy Mailing Address 12231 Horseshoe F City Oakdale FEC ID number of contributing federal political committee. Name of Employer Dr. Erik R Lacy	State Zip Code CA 95361-8876 C Occupation Emergency Physician	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 General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 321.00	596.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 208 / 474 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma name and ad	Ly not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Anthony Thomas Thomas Lagina, III			Date of Receipt
Mailing Address 4201 St Antoine St 3R			10 14 2009
City	State	Zip Code	Transaction ID: C792065
<u>Detroit</u>	MI	48201-2153	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Med Ctr Emer Svcs	Occupatio Emerger	n ncy Physician	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Andre Landreville			Date of Receipt
Mailing Address 11924 Pasco Trails Blv	⁄d		07 30 7 2009
City	State	Zip Code	Transaction ID: C761819
Spring Hill	<u>FL</u>	34610-4803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Tampa Bay Emer Phys	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Henry Landsgaard			Date of Receipt
Mailing Address 5356 Washburn Rd			08 03 7 2009
City	State	Zip Code	Transaction ID: C763175
Goodrich	MI	48438-8819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Genesys Reg Med Ctr	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 209 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James B B Lane Mailing Address 148 Kelly Ave City Half Moon Bay FEC ID number of contributing federal political committee. Name of Employer Santa Clara Valley Med Ctr ED Receipt For: Primary General Other (specify)	State Zip Code CA 94019-1630 C Occupation Emergency Physician Aggregate Year-to-Date 221.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Catherine Janet Janet Langston Mailing Address 888 E Main St City Batesville FEC ID number of contributing federal political committee. Name of Employer White River Med Ctr Receipt For: Primary General Other (specify)	State Zip Code AR 72501-3438 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gary W W Langston Mailing Address 906 Shady Bend Dr City Kennedale FEC ID number of contributing federal political committee. Name of Employer John Peter Smith Hosp Receipt For: Primary General Other (specify)	State Zip Code TX 76060-5493 C Occupation Emergency Physician Aggregate Year-to-Date 600.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		696.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne 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 Politic	al Action Con	nmittee	
	Full Name (Last, First, Middle Initial) Eric J Lavonas			Date of Receipt
	Mailing Address 7969 East 23rd Ave			07 26 2009
	City Denver	State CO	Zip Code 80238	Transaction ID: C761009
	FEC ID number of contributing federal political committee.	C	00230	Amount of Each Receipt this Period 25.00
	Name of Employer Denver Health Hospital Au- thority	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Eric J Lavonas			Date of Receipt
	Mailing Address 7969 East 23rd Ave			08 26 2009
	City	State	Zip Code	Transaction ID: C770795
	Denver FEC ID number of contributing federal political committee.	CO	80238	Amount of Each Receipt this Period 25.00
	Name of Employer Denver Health Hospital Au- thority	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Eric J Lavonas			Date of Receipt
	Mailing Address 7969 East 23rd Ave			09 26 2009
	City	State	Zip Code	Transaction ID: C783053
	Denver FEC ID number of contributing federal political committee.	CO	80238	Amount of Each Receipt this Period 25.00
	Name of Employer Denver Health Hospital Au- thority	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SI	UBTOTAL of Receipts This Page (optional)			75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 211 / 474 (check only one) X 11a
or fo	vinformation copied from such Reports and or 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 Con	nmittee	
-	Full Name (Last, First, Middle Initial) Eric J Lavonas Mailing Address 7969 East 23rd Ave			Date of Receipt
	Maining Address 7,909 Last 2510 Ave			10 26 2009
(City	State	Zip Code	Transaction ID: C796679
-	Denver	CO	80238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Denver Health Hospital Au- thority	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) Eric J Lavonas			Date of Receipt
Ī	Mailing Address 7969 East 23rd Ave			11 26 7 9 9
(City State		Zip Code	Transaction ID: C809701
-	Denver	CO	80238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Denver Health Hospital Au- thority	Occupation Physicia		
l	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) Eric J Lavonas			Date of Receipt
Ī	Mailing Address 7969 East 23rd Ave			12 26 2009
(City	State	Zip Code	Transaction ID: C820072
-	Denver	CO	80238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
_	Name of Employer Denver Health Hospital Au- thority	Occupation Physicia	n	
ı	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		300.00	
	JBTOTAL of Receipts This Page (optional)	1		75.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 212 / 474 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	g the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Steven F F Lay Mailing Address 8502 Lays Cove Pl	I	Date of Receipt
City	State Zip Code	07 30 2009 Transaction ID: C761824
Odessa	FL 33556-4716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Tampa Bay Emer Phys	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Christopher Layton		Date of Receipt
Mailing Address 106 E Caramillo Si		12 23 7 2009
City	State Zip Code CO 80907-7417	Transaction ID: C820021
Colorado Springs FEC ID number of contributing federal political committee.	CO 80907-7417	Amount of Each Receipt this Period 250.00
Name of Employer Front Range Emer Spec	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Duc Hong Hong Le		Date of Receipt
Mailing Address 68 Main Cir		10 27 2009
City <u>Shrewsbury</u>	State Zip Code MA 01545-3349	Transaction ID: C797387 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Day Kimball Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 213 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marvin Leibovich Mailing Address 10618 Zuber Rd City Alexander FEC ID number of contributing federal political committee. Name of Employer Univ of AR for Med Sci Receipt For: Primary General Other (specify)	State Zip Code AR 72002-9002 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jeffery J J Leinen Mailing Address 1754 Oro Valley Cir City Walnut Creek FEC ID number of contributing federal political committee. Name of Employer Dr. Jeffery J Leinen Receipt For: Primary General Other (specify)	State Zip Code CA 94596-6157 C Occupation Emergency Physician Aggregate Year-to-Date 463.65	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jeffery J J Leinen Mailing Address 1754 Oro Valley Cir City Walnut Creek FEC ID number of contributing federal political committee. Name of Employer Dr. Jeffery J Leinen Receipt For: Primary General Other (specify)	State Zip Code CA 94596-6157 C Occupation Emergency Physician Aggregate Year-to-Date 463.65	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1463.65

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 214 / 474 (check only one) X
or for commercial purposes, NAME OF COMMITTEE	other than using the name and	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, M Alan S S Lemansky Mailing Address 12 Pa City Ocean Twp FEC ID number of contril federal political committed Name of Employer Dr. Alan S Lemansky Receipt For: Primary Other (specify)	State NJ Duting e. Occup Emerg	07712-2552	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, M John McMullen McMullen I Mailing Address 619 E Apt 1 City New York FEC ID number of contril federal political committee Name of Employer New York Presbyterian H Receipt For: Primary Other (specify)	State NY Duting e. Occup Emery	Zip Code 10009-9702	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Apt 1 City New York FEC ID number of contril federal political committee Name of Employer New York Presbyterian Heceipt For:	State NY Duting e. Occup Emery	10009-9702	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts Th	nis Page (optional)		1166.66

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 215 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
	Full Name (Last, First, Middle Initial) John McMullen McMullen Lemery		Date of Receipt
	Mailing Address 619 E 11th St Apt 1B Apt 1B		09 / 28 / 2009
	City New York	State Zip Code NY 10009-9702	Transaction ID: C785400
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.37
	Name of Employer New York Presbyterian Hosp	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.01	
	Full Name (Last, First, Middle Initial) Brian J J Levine		Date of Receipt
	Mailing Address 1824 Wawaset St		12 07 2009
(City	State Zip Code	Transaction ID: C812397
	Wilmington	DE 19806-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Christiana Care Hlth Syst	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Gary Alan Alan Li		Date of Receipt
	Mailing Address 215 Vista De Sierra		$\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$
	City	State Zip Code	Transaction ID: C761844
	Los Gatos	CA 95030-6320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	367.65
	Name of Employer Good Samaritan Hosp ED	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 563.65	
	IJRTOTAL of Receipts This Page (optional)		551.02

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 216 / 474 (check only one) X 11a
or for commercial NAME OF	on copied from such Reports and St cial purposes, other than using the COMMITTEE (In Full) Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Gary Alan A Mailing Add City Los Gato FEC ID nui federal poli	dress 215 Vista De Sierra	State CA C Occupatio	Zip Code 95030-6320	Date of Receipt M M M
Receipt Fo Prima Othe	r: ary General r (specify) ▼		ncy Physician Year-to-Date ▼ 563.65	
Gary Alan A	(Last, First, Middle Initial) Nan Li dress 215 Vista De Sierra			Date of Receipt 1 1 2 3 2 0 0 9
federal poli	mber of contributing tical committee.	State CA	Zip Code 95030-6320	Transaction ID: C808759 Amount of Each Receipt this Period 100.00
Receipt Fo	aritan Hosp ED r:		n ncy Physician e Year-to-Date ▼ 563.65	
Full Name Timothy E E				Date of Receipt 0 9 3 0 2 0 0 9
	mber of contributing	State NC	Zip Code 28210-4923	Transaction ID: C787015 Amount of Each Receipt this Period 17.00
federal poli Name of Ei Dr. Timoth	mployer y E Lietz	Occupatio	n ncy Physician	
Receipt Fo Prima Othe		Aggregate	Year-to-Date ▼ 304.00	
SUBTOTAL	of Receipts This Page (optional)			213.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 / 474 (check only one) X
or	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	not be sold or used by any persiness of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politic	al Action Com	mittee	
۸.	Full Name (Last, First, Middle Initial) Timothy E E Lietz			Date of Receipt
	Mailing Address 7331 Baltusrol			09 30 2009
	Charlotte	State NC	Zip Code 28210-4923	Transaction ID: C787060 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		17.00
	Name of Employer Dr. Timothy E Lietz	Occupation Emergend	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 304.00	
3.	Full Name (Last, First, Middle Initial) Timothy E E Lietz Mailing Address 7331 Baltusrol	Date of Receipt		
				09 30 2009
	City State Charlotte NC		Zip Code 28210-4923	Transaction ID: C787085 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		17.00
	Name of Employer Dr. Timothy E Lietz	Occupation Emergend	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 304.00	
	Full Name (Last, First, Middle Initial) Timothy E E Lietz			Date of Receipt
	Mailing Address 7331 Baltusrol			12 31 YYYYY 12009
	City Charlotte	State NC	Zip Code	Transaction ID: C848534
	FEC ID number of contributing federal political committee.	C	28210-4923	Amount of Each Receipt this Period 17.00
	Name of Employer Dr. Timothy E Lietz	Occupation Emergend	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	_ ' <u>~</u> _	Year-to-Date ▼ 304.00	
SI	JBTOTAL of Receipts This Page (optional)			51.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 218 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	I Action Committee	
. ∠ 4.	Full Name (Last, First, Middle Initial) Timothy E E Lietz		Date of Receipt
	Mailing Address 7331 Baltusrol		12 31 2009
	City	State Zip Code	Transaction ID: C848535
	Charlotte	NC 28210-4923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	17.00
	Name of Employer Dr. Timothy E Lietz	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	304.00	
_ 3.	Full Name (Last, First, Middle Initial) Timothy E E Lietz		Date of Receipt
	Mailing Address 7331 Baltusrol	1 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: C848536
	<u>Charlotte</u>	NC 28210-4923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Dr. Timothy E Lietz	Occupation Emergency Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	304.00	
_).	Full Name (Last, First, Middle Initial) C Eric Lindborg		Date of Receipt
	Mailing Address PO Box 96		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: C792243
	Kailua Kona	HI 96745-0096	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Kaiser Permanente Kona CI-	Occupation	
	inic	Emergency Physician	_
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
Г		1	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 219 / 474 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	ie name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
4 .	Full Name (Last, First, Middle Initial) Jo Linder Mailing Address PO Box 8552 City Portland FEC ID number of contributing federal political committee. Name of Employer Maine Med Ctr ED Receipt For:	, ' 	ncy Physician	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 General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	e Year-to-Date ▼ 1000.00	
3.	Steven J J Lipsky Mailing Address 6721 N 62nd St City	State	Zip Code	Date of Receipt 1 0 0 3 2 0 0 9 Transaction ID: C802070
	Paradise Valley FEC ID number of contributing federal political committee. Name of Employer Paradise Valley Emerg Phys	AZ C Occupation		Amount of Each Receipt this Period 500.00
	Receipt For: Primary General Other (specify)	_ ' _ <u> </u>	ncy Physician e Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Edward H H Lipton Mailing Address 1540 Wedgewood Ro	i		Date of Receipt 0 7 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: C761847
	Hillsborough	CA	94010-7344	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		367.65
	Name of Employer Dr. Edward H Lipton	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 563.65	
	SUBTOTAL of Receipts This Page (optional)			1867.65
	TOTAL This Period (last page this line number	er only)	1	

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any inf or for c	ormation copied from such Reports and S 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.
\	ME OF COMMITTEE (In Full) tional Emergency Medicine Political	Action Con	nmittee	
Edv	Name (Last, First, Middle Initial) vard H H Lipton			Date of Receipt
Mai ——	ling Address 1540 Wedgewood Rd			11 1 18 2009
City		State	Zip Code	Transaction ID: C807247
FEC	Sborough CID number of contributing eral political committee.	CA	94010-7344	Amount of Each Receipt this Period 96.00
	ne of Employer Edward H Lipton	Occupatio	n ncy Physician	
Rec	eeipt For: Primary General	,	Year-to-Date ▼ 563.65	1
	Other (specify) Name (Last, First, Middle Initial)	0 0	303.03	
Dar	ren S S Lisse	Date of Receipt		
Mai	Mailing Address 2806 Mustang Dr			10 24 2009
City		State	Zip Code	Transaction ID: C796647
	rndon	VA	20171-3532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
Nan Em	ne of Employer er Med Assoc	Occupatio Emergen	n Icy Physician	
Rec	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00]
	Name (Last, First, Middle Initial) d M M Listwa			Date of Receipt
Mai	Mailing Address 1100 Sedgefield Rd # 1			09 30 2009
City		State	Zip Code	Transaction ID: C787025
FEC	arlotte C ID number of contributing eral political committee.	C	28209-1230	Amount of Each Receipt this Period 21.00
	ne of Employer MA	Occupatio Emergen	n nocy Physician	
Rec	ceipt For: Primary General Other (specify)	,	e Year-to-Date ▼ 252.00	1
	Other (specify) ▼		0 0 0 0 0 0 0	
	OTAL of Receipts This Page (optional)			1117.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 221 / 4 / 4 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	ical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Todd M M Listwa			Date of Receipt
Mailing Address 1100 Sedgefield Rd # 1			09 30 7 2009
City Charlotte	State NC	Zip Code 28209-1230	Transaction ID: C787050 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		21.00
Name of Employer MEMA	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) Todd M M Listwa			Date of Receipt
Mailing Address 1100 Sedgefield Rd # 1	09 / 30 / Y Y Y Y		
City Charlotte	State NC	Zip Code 28209-1230	Transaction ID: C787083
FEC ID number of contributing federal political committee.	C	20203-1230	Amount of Each Receipt this Period 21.00
Name of Employer MEMA	Occupatio Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) Todd M M Listwa			Date of Receipt
Mailing Address 1100 Sedgefield Rd # 1			1 2 3 1 2 0 0 9
City Charlotte	State NC	Zip Code 28209-1230	Transaction ID: C848537 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer MEMA	Occupatio Emerger	n acy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	
SUBTOTAL of Receipts This Page (optiona	<u> </u>		63.00

	EMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
۷.	Full Name (Last, First, Middle Initial) Todd M M Listwa		Date of Receipt
	Mailing Address 1100 Sedgefield Rd # 1 City	State Zip Code	1 2 3 1 2 0 0 9 Transaction ID: C848538
	<u>Charlotte</u>	NC 28209-1230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	21.00
	Name of Employer MEMA	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
	Full Name (Last, First, Middle Initial) Todd M M Listwa		Date of Receipt
	Mailing Address 1100 Sedgefield Rd # 1	12 31 2009	
	City	State Zip Code	Transaction ID: C848539
	Charlotte FEC ID number of contributing federal political committee.	NC 28209-1230	Amount of Each Receipt this Period 21.00
	Name of Employer MEMA	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
_	Full Name (Last, First, Middle Initial) Harry Marette Marette Little		Date of Receipt
	Mailing Address 294 Holly Ln		09 30 7 2009
	City	State Zip Code	Transaction ID: C787034
	Mocksville FEC ID number of contributing federal political committee.	NC 27028-2907	Amount of Each Receipt this Period 20.00
	Name of Employer Mid Atlantic Emer Med Assoc	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
	UBTOTAL of Receipts This Page (optional)		62.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 223 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an 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 personant the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
/	car Action Committee	
Full Name (Last, First, Middle Initial) Harry Marette Marette Little		Date of Receipt
Mailing Address 294 Holly Ln		09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C787053
<u>Mocksville</u>	NC 27028-2907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Mid Atlantic Emer Med Ass-	Occupation	
oc Receipt For:	Emergency Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial)		Data of Decaint
Harry Marette Marette Little Mailing Address 294 Holly Ln		Date of Receipt
City	State Zip Code	0 9 3 0 2 0 0 9 Transaction ID: C787070
Mocksville	NC 27028-2907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Mid Atlantic Emer Med Ass- oc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00]
Full Name (Last, First, Middle Initial) Harry Marette Marette Little		Date of Receipt
Mailing Address 294 Holly Ln		1 2 3 1 2 0 0 9
City	State Zip Code	Transaction ID: C848290
<u>Mocksville</u>	NC 27028-2907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Mid Atlantic Emer Med Ass- oc	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
		60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 224 / 474 (check only one) X 11a
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Harry Marette Marette Little Mailing Address 294 Holly Ln City Mocksville FEC ID number of contributing federal political committee. Name of Employer Mid Atlantic Emer Med Assoc Receipt For: Primary General Other (specify) —	,	Zip Code 27028-2907 cy Physician Year-to-Date ▼	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: C848291 Amount of Each Receipt this Period 20.00
 3.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Harry Marette Marette Little Mailing Address 294 Holly Ln City Mocksville FEC ID number of contributing federal political committee. Name of Employer Mid Atlantic Emer Med Assoc Receipt For:	- t	Zip Code 27028-2907	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: C848292 Amount of Each Receipt this Period 20.00
	Primary General Other (specify) Full Name (Last, First, Middle Initial) S Thomas Lloyd Mailing Address 2116 Sagamore Rd City Akron FEC ID number of contributing federal political committee.	State OH	Zip Code 44313-4531	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Akron General Med Ctr ED Receipt For: Primary General Other (specify) ▼	, ' 	cy Physician Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional))	290.00

	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any person the name and address of any political committee to tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Luis F F Lobon Mailing Address 1493 Cambridge Si Cambridge Hospita		Date of Receipt
Саттоподе поѕріта City	State Zip Code	Transaction ID: C802051
Cambridge	MA 02139-1047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Cambridge Hospital/CHA	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Robert D D Londeree, III Mailing Address 4112 N 50th PI	Date of Receipt	
City	State Zip Code	07 22 2009
Phoenix	AZ 85018-4413	Transaction ID: C760018 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Scottsdale Healthcare Osb- orn	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Michael B B Longley		Date of Receipt
Mailing Address 5804 Cruiser Way		07 30 Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C761817
Tampa	FL 33615-4215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Dr. Michael B Longley	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)	2250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 226 / 474 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	g the 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) Scott D D Lopata Mailing Address 5409 E Butte Cany	yon Dr		Date of Receipt 0 7 3 0 2 0 0 9
City Cave Creek FEC ID number of contributing federal political committee.	State AZ	Zip Code 85331-9336	Transaction ID: C761809 Amount of Each Receipt this Period 367.65
Name of Employer Dr. Scott D Lopata Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) Scott D D Lopata Mailing Address 5409 E Butte Cany	Date of Receipt 1 1 1 8 2 0 0 9		
City	State	Zip Code	Transaction ID: C807112
Cave Creek AZ FEC ID number of contributing federal political committee. C		85331-9336	Amount of Each Receipt this Period 96.00
Name of Employer Dr. Scott D Lopata Receipt For: Primary General Other (specify) ▼		n acy Physician e Year-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) Keith E E Loring			Date of Receipt
Mailing Address 206 Hoffman Ave			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City San Francisco	State CA	Zip Code 94114-3128	Transaction ID: C761837
FEC ID number of contributing federal political committee.	C	34114-3120	Amount of Each Receipt this Period 367.65
Name of Employer CA Emer Phys		ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 463.65	
SUBTOTAL of Receipts This Page (option	ral)		831.30

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 227 / 474 (check only one) X 11a 11b 11c 12	
			13 14 15 16	
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the 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 Poli	tical Action Com	mittee		
Full Name (Last, First, Middle Initial) Keith E E Loring			Date of Receipt	
Mailing Address 206 Hoffman Ave			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y	
City	State	Zip Code	Transaction ID: C807198	
San Francisco	CA	94114-3128	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		96.00	
Name of Employer CA Emer Phys	Occupation			
		cy Physician		
Receipt For:	Aggregate	Year-to-Date ▼	_	
Primary General Other (specify) ▼	0 0	463.65		
Full Name (Last, First, Middle Initial) Christopher H H Louisell			Date of Receipt	
Mailing Address 214 Cedar St				
City	State	Zip Code	07 30 2009 Transaction ID: C761842	
Red Bluff	CA	96080-2706	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		367.65	
Name of Employer Shasta Emerg Med Grp	Occupation Emergend	cy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 463.65		
Full Name (Last, First, Middle Initial) Christopher H H Louisell	I		Date of Receipt	
Mailing Address 214 Cedar St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: C807123	
Red Bluff	CA	96080-2706	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		96.00	
Name of Employer Shasta Emerg Med Grp	Occupation Emergend	cy Physician		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼	0 0	463.65		
SUBTOTAL of Receipts This Page (options			559.65	

A.

В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 228 / 474 (check only one) X
or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ame and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Lozano, Jr Mailing Address 4824 Longwater Way		Date of Receipt 0 7 3 0 2 0 0 9
City Tampa	State Zip Code FL 33615-4216	Transaction ID: C761725 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer EmCare Receipt For: Primary Other (specify) Other	Occupation Emergency Physician Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Thomas Andrew Andrew Lukaszczyk Mailing Address PO Box 80596		Date of Receipt 0 7
City <u>Bakersfield</u>	State Zip Code CA 93380-0596	Transaction ID: C761826 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	367.65
Name of Employer CA Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) Thomas Andrew Andrew Lukaszczyk Mailing Address PO Box 80596		Date of Receipt
City Bakersfield	State Zip Code CA 93380-0596	Transaction ID: C815095 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.00
Name of Employer CA Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 463.65	
SUBTOTAL of Receipts This Page (optional)		713.65

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 229 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	any information copied from such Reports and a r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Thomas W W Lukens Mailing Address 15503 Clifton Blvd			Date of Receipt
	City	State	Zip Code	1 0 1 3 2 0 0 9 Transaction ID: C791377
	Lakewood	ОН	44107-2411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Metro Hith Med Ctr Dept of EM	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 345.00	
— В.	Full Name (Last, First, Middle Initial) Sharon E E Mace			Date of Receipt
	Mailing Address 11961 Laurel Rd			10 06 7 2009
	City	State	Zip Code	Transaction ID: C789511
	Chesterland	OH	44026-1757	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Cleveland Clinic ED	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	
с. С.	Full Name (Last, First, Middle Initial) Ricardo Machado			Date of Receipt
	Mailing Address 886 Polaris Crossing			12 11 2 2009
	City Westerville	State OH	Zip Code 43081-8974	Transaction ID: C815137 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emer Med Phys	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1270.00
F	TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 230 / 474 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark L L Mackey Mailing Address 1740 W Taylor St # 75 City Chicago FEC ID number of contributing federal political committee. Name of Employer Univ of IL C(H) - Room 16-00 Receipt For:	State IL C Occupation Emergen	Zip Code 60612-7232 n cy Physician Year-to-Date ▼	Date of Receipt 1 0 0 6 2 0 0 9 Transaction ID: C789479 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas C C Madden Mailing Address 6195 Deerwood Dr	0 0	1000.00	Date of Receipt
City Greenwood FEC ID number of contributing federal political committee.	State IN	Zip Code 46143-9159	Transaction ID: C761154 Amount of Each Receipt this Period 300.00
Name of Employer Bloomington Hosp ED Receipt For: Primary General Other (specify)	, ' 	cy Physician Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mark L L Mandell Mailing Address 43 Yacht Club Dr	I		Date of Receipt 1 0 1 3 2 0 0 9
City Lake Hopatcong FEC ID number of contributing federal political committee.	State NJ	Zip Code 07849-1313	Transaction ID: C791393 Amount of Each Receipt this Period 700.00
Name of Employer EMA of NJ Receipt For: Primary General Other (specify) ▼	, ' 	n cy Physician Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional) .			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate scheduler for each category of the Detailed Summary Page	(Check only one)
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Eric Matthew Matthew Maniago Mailing Address 475 Seaview Ave Apt 3B City Staten Island FEC ID number of contributing federal political committee. Name of Employer Staten Island Univ Hosp ED Receipt For: Primary General Other (specify)	State Zip Code NY 10305-3436 C Occupation Emergency Physician Aggregate Year-to-Date 1100.0	
Full Name (Last, First, Middle Initial) Eric Matthew Matthew Maniago Mailing Address 475 Seaview Ave Apt 3B City Staten Island FEC ID number of contributing federal political committee. Name of Employer Staten Island Univ Hosp ED Receipt For: Primary General Other (specify)	State Zip Code NY 10305-3436 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D 2 2009 Transaction ID: C802042 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Francisco C C Mappala Mailing Address 714 Cirencester Ave City Middlesboro FEC ID number of contributing federal political committee. Name of Employer Middlesboro Community Hosp Receipt For: Primary General Other (specify)	State Zip Code KY 40965-2141 C Occupation Emergency Physician Aggregate Year-to-Date 500.0	Date of Receipt M M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 232 / 474 (check only one) X	
Any or f	y information copied from such Reports and or commercial purposes, other than using th	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee		
	Full Name (Last, First, Middle Initial) Nelly Ann Ann Marcano		Date of Receipt	
	Mailing Address 6108 Chene Ct		07 30 7 2009	
	City Lutz	State Zip Code FL 33558-2848	Transaction ID: C761863 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C 33330 2040	1000.00	
	Name of Employer Dr. Nelly Ann Marcano	Occupation Emergency Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
	Full Name (Last, First, Middle Initial) Gary Gerard Gerard March	I	Date of Receipt	
	Mailing Address 10643 Arbour 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: C760004	
	Brighton FEC ID number of contributing federal political committee.	MI 48114-9095	Amount of Each Receipt this Period 300.00	
	Name of Employer Providence Hosp	Occupation Emergency Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
	Full Name (Last, First, Middle Initial) Oscar Marcilla	I	Date of Receipt	
	Mailing Address 35 William Place		08 24 2009	
	City	State Zip Code	Transaction ID: C770582	
	Glen Rock FEC ID number of contributing federal political committee.	NJ 07452-3210	Amount of Each Receipt this Period 1000.00	
	Name of Employer Emergency Medical Associa- tes	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]	
	IRTOTAL of Receipts This Page (optional)		2300.00	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 233 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) National Emergency Medicine P	s and Statements may not be sold or used by any perso sing the name and address of any political committee to olitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Catherine Anna Anna Marco Mailing Address 7129 Jamesford City Toledo FEC ID number of contributing federal political committee. Name of Employer Univ of Toledo Med Ctr Receipt For: Primary General Other (specify)	Dr State Zip Code OH 43617-1370 C Occupation Emergency Physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Catherine Anna Anna Marco Mailing Address 7129 Jamesford City Toledo FEC ID number of contributing federal political committee. Name of Employer Univ of Toledo Med Ctr Receipt For: Primary General Other (specify)	Dr State Zip Code OH 43617-1370 C Occupation Emergency Physician Aggregate Year-to-Date 2000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Otto J J Marquez Mailing Address 7011 Lakewood City Dallas FEC ID number of contributing federal political committee. Name of Employer Emer Med Consultants Receipt For: Primary General Other (specify)	State Zip Code TX 75214-3559 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / 24 / 2009 Transaction ID: C796671 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (opti	onal)	2100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 234 / 474 (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 ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Daniel R R Martin Mailing Address 5981 Weathered Oak	Ct		Date of Receipt
	City	State OH	Zip Code	1 0 0 6 2 0 0 9 Transaction ID: C789504
	Westerville FEC ID number of contributing federal political committee.	C	43082-8304	Amount of Each Receipt this Period 250.00
	Name of Employer Ohio State Univ Med Ctr Receipt For: Primary General Other (specify)	, '	n ncy Physician Year-to-Date 250.00	
_ 3.	Full Name (Last, First, Middle Initial) James F F Martin Mailing Address 7 Buttonwood Ln E			Date of Receipt
	City	State	Zip Code	1 2 1 5 2 0 0 9 Transaction ID: C818086
	Rumson FEC ID number of contributing federal political committee.	C	07760-1009	Amount of Each Receipt this Period 250.00
	Name of Employer Womack Army Med Ctr	Occupatio	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 250.00	
_ :_	Full Name (Last, First, Middle Initial) Ricardo Martinez			Date of Receipt
•	Mailing Address 2828 cravey drive ne			0 9 2 9 2 0 0 9
	City atlanta	State GA	Zip Code 30345-1420	Transaction ID: C785492 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00040 1420	250.00
	Name of Employer the schumacher group	Occupatio executive		
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional))	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 235 / 474 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) 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) John A A Marx Mailing Address PO Box 32861 Carolinas Medical Ctr			Date of Receipt 0 7 28 2009
	City Carolinas Medical Ctr	State	Zip Code	Transaction ID: C761219
	Charlotte	NC	28232-2861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carolinas Medical Ctr	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- s.	Full Name (Last, First, Middle Initial) David Mason			Date of Receipt
	Mailing Address 4514 Charlestowne Ma	07 22 2009		
	City	State	Zip Code	Transaction ID: C760033
	Charlotte	NC	28211-3184	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PEMA	,	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Thomas Lee Lee Mason	1		Date of Receipt
	Mailing Address 19207 Stableford Ln			10 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C787819
	Cornelius	NC	28031-5243	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mid-Atlantic Emerg Med As- soc	, ' 	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
\[SUBTOTAL of Receipts This Page (optional)			1000.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Star	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 236 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ame and address of any political committee to	solicit contributions from such committee.
Δ.	Full Name (Last, First, Middle Initial) Timothy Matlack Jr Mailing Address 3398 Crestwood Circle City Cuyahoga Falls FEC ID number of contributing federal political committee. Name of Employer Stark County Emergency Physicians Receipt For: Primary General Other (specify)	State Zip Code OH 44223 C Occupation Emergency Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Bonnie B B Matthaeus Mailing Address PO Box 7270 City Wilmington FEC ID number of contributing federal political committee. Name of Employer Med Ctr of Delaware ED Receipt For: Primary General Other (specify)	State Zip Code DE 19803-0270 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Full Name (Last, First, Middle Initial) Angela F F Mattke Mailing Address 1080 Pebblebrook Rd SI City Mableton FEC ID number of contributing federal political committee. Name of Employer NE Tower Ste 2100 Receipt For: Primary General Other (specify)	State Zip Code GA 30126-5612 C Occupation Emergency Physician Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)		700.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 237 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	l Action Cor	nmittee	
	Full Name (Last, First, Middle Initial) Angela F F Mattke			Date of Receipt
	Mailing Address 1080 Pebblebrook Rd		7:a Cada	11 30 20000
	City Mableton	State GA	Zip Code 30126-5612	Transaction ID: C810218 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00120 0012	100.00
	Name of Employer NE Tower Ste 2100	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Angela F F Mattke			Date of Receipt
	Mailing Address 1080 Pebblebrook Rd	SE		12 31 2009
	City	State	Zip Code	Transaction ID: C839096
	Mableton	GA	30126-5612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer NE Tower Ste 2100	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Elizabeth P P Maxwell-Schmidt	1		Date of Receipt
	Mailing Address 3509 Marthas Vineyard	d Way		08 24 2009
	City	State	Zip Code	Transaction ID: C770586
	Edgewater	MD	21037-4700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Anne Arundel Med Ctr	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		300.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 238 / 474 (check only one) X
or for	nformation copied from such Reports and St commercial purposes, other than using the AME OF COMMITTEE (In Full) lational 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.
A. <u>E</u> M C FI fe	ull Name (Last, First, Middle Initial) lizabeth P P Maxwell-Schmidt lailing Address 3509 Marthas Vineyard lity lity lity lity lity lity literal political committee. ame of Employer nne Arundel Med Ctr	State MD C Occupatio	Zip Code 21037-4700	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
R	eceipt For: Primary General Other (specify)		ncy Physician e Year-to-Date ▼ 1000.00	
B. <u>E</u>	ull Name (Last, First, Middle Initial) lizabeth P P Maxwell-Schmidt ailing Address 3509 Marthas Vineyard	l Way		Date of Receipt 1 1 3 0 2 0 0 9
C	ity	State	Zip Code	Transaction ID: C810221
FI	dgewater EC ID number of contributing deral political committee.	C	21037-4700	Amount of Each Receipt this Period 300.00
N A	ame of Employer nne Arundel Med Ctr	Occupatio Emerger	n ncy Physician	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	ull Name (Last, First, Middle Initial) lizabeth P P Maxwell-Schmidt			Date of Receipt
M	ailing Address 3509 Marthas Vineyard	l Way		12 31 2009
	ity	State	Zip Code	Transaction ID: C839098
FI	dgewater EC ID number of contributing decral political committee.	C	21037-4700	Amount of Each Receipt this Period 300.00
N A	ame of Employer nne Arundel Med Ctr	Occupatio	n ncy Physician	
R	eceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUE	BTOTAL 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 239 / 474 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	d Statements may not be sold or used by any per the name and address of any political committee cal Action Committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) C L L McArthur, III Mailing Address 11 Cardiff City Laguna Niguel FEC ID number of contributing federal political committee. Name of Employer Desert Regl Med Ctr	State Zip Code CA 92677-2936 C Occupation Emergency Physician	Date of Receipt M M J 19 2009 Transaction ID: C793996 Amount of Each Receipt this Period 83.33
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 404.33	
Full Name (Last, First, Middle Initial) C L L McArthur, III Mailing Address 11 Cardiff City Laguna Niguel FEC ID number of contributing federal political committee. Name of Employer Desert Regl Med Ctr Receipt For: Primary General	State Zip Code CA 92677-2936 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph T T McCaslin Mailing Address 16402 Ridgemont S	t	Date of Receipt 0 7 0 3 2 0 0 9
City Omaha FEC ID number of contributing federal political committee.	State Zip Code NE 68136-4020	Transaction ID: C747007 Amount of Each Receipt this Period 250.00
Name of Employer Meth Hosp Receipt For: Primary Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	429.33

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 240 / 474 (check only one) X
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any persiness of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Com	mittee	
۸.	Full Name (Last, First, Middle Initial) David S S McClellan Mailing Address 311 W Wilson Ave			Date of Receipt
	City	State	Zip Code	1 0 0 6 2 0 0 9 Transaction ID: C789528
	Spokane	WA	99208-7224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Sacred Heart Med Ctr ED	Occupation Emergend	cy Physician	
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
 s.	Full Name (Last, First, Middle Initial) Michael McCrea			Date of Receipt
	Mailing Address 2017 Lexington Dr	10 30 7 2009		
	City	State	Zip Code	Transaction ID: C798728
	Perrysburg FEC ID number of contributing federal political committee.	OH OH	43551-5449	Amount of Each Receipt this Period
	Name of Employer Lucas County Emergency Ph- ys	Occupation Emergend	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) John McDermott			Date of Receipt
	Mailing Address 1007 Shote Dr			10 28 2009
	City Brielle	State NJ	Zip Code 08730	Transaction ID: C797467 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	100.00
	Name of Employer Dr. John McDermott	Occupation Emergend	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
	UBTOTAL of Receipts This Page (optional) .	_1		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 241 / 474 (check only one) X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and 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) Richard M M McDowell Mailing Address 75-816 #D Hiona St			Date of Receipt 0 7 3 0 2 0 0 9
	City Holualoa	State HI	Zip Code 96725-9601	Transaction ID: C761770 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Island Emer Med Svc Receipt For: Primary General Other (specify) ▼	,	on ncy Physician e Year-to-Date ▼ 875.00	
3.	Full Name (Last, First, Middle Initial) Richard M M McDowell Mailing Address 75-816 #D Hiona St	Date of Receipt 1 0 0 6 2 0 0 9		
	City	State	Zip Code	Transaction ID: C789513
	Holualoa FEC ID number of contributing federal political committee.	C	96725-9601	Amount of Each Receipt this Period 300.00
	Name of Employer Island Emer Med Svc	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 875.00	
	Full Name (Last, First, Middle Initial) Richard M M McDowell Mailing Address 75-816 #D Hiona St	Date of Receipt 1 2 2 9 2 0 0 9		
	City	State	Zip Code	Transaction ID: C820328
	Holualoa FEC ID number of contributing federal political committee.	С	96725-9601	Amount of Each Receipt this Period 100.00
	Name of Employer Island Emer Med Svc	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 875.00	
S	UBTOTAL of Receipts This Page (optional)	1		525.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 242 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any person g the name and address of any political committee to itical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) James A A McEnrue Mailing Address 1118 Garden St		Date of Receipt 1 2 0 7 2 0 0 9			
City Hoboken	State Zip Code NJ 07030-4305	Transaction ID: C812393 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	Occupation	100.00			
Name of Employer Emer Med Assoc Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date 400.00				
Full Name (Last, First, Middle Initial) Mara Ann Ann McErlean Mailing Address 47 New Scotland A					
City Albany FEC ID number of contributing federal political committee.	State Zip Code NY 12208-3412	Transaction ID: C802079 Amount of Each Receipt this Period 250.00			
Name of Employer Albany Med Ctr ED	Occupation Emergency Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Douglas L L McGee		Date of Receipt			
Mailing Address Box 174	Ohaha 7in Oada	07 30 2009			
City <u>Birchrunville</u>	State Zip Code PA 19421-0174	Transaction ID: C761738 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer Albert Einstein Med Ctr/ PCOM	Occupation Emergency Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00				
SUBTOTAL of Receipts This Page (option	nal)	475.00			

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 243 / 474 (check only one) X
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) National Emergency Medicine F	s and Statements may not be sold or used by any person sing the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Douglas L L McGee Mailing Address Box 174 City Birchrunville FEC ID number of contributing federal political committee. Name of Employer Albert Einstein Med Ctr/PCOM	State Zip Code PA 19421-0174 C Occupation Emergency Physician	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 General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 475.00	
Dennis Lucas Lucas McGill Mailing Address 19 Camden Rd City Hillsborough FEC ID number of contributing federal political committee. Name of Employer Emer Med Assoc	State Zip Code NJ 08844-3842 C Occupation Emergency Physician	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 General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dennis Lucas Lucas McGill Mailing Address 19 Camden Rd City Hillsborough FEC ID number of contributing	State Zip Code NJ 08844-3842	Date of Receipt 10 04 2009 Transaction ID: C787873 Amount of Each Receipt this Period 250.00
Name of Employer Emer Med Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (opt	ional)	600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 244 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Con	nmittee	
٨.	Full Name (Last, First, Middle Initial) Martin McGreivy			Date of Receipt
	Mailing Address 7108 Exfair Rd City	State	Zip Code	0 7 2 8 2 0 0 9 Transaction ID: C761227
	Bethesda	MD	20814-5503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Montgomery Emer Phys	Occupatio Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Christine C McKain	Date of Receipt		
	Mailing Address 261 Brookside Dr	08 05 2009		
	City	State	Zip Code	Transaction ID: C776702
	Piketon	OH	45661-9079	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pike Community Hosp	, ' 	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 :.	Full Name (Last, First, Middle Initial) William G G McKinnon			Date of Receipt
	Mailing Address PO Box 6002			10 24 2009
	City	State	Zip Code	Transaction ID: C796668
	Grand Forks FEC ID number of contributing federal political committee.	ND C	58206-6002	Amount of Each Receipt this Period 500.00
	Name of Employer Altru Hosp ED	Occupatio	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1250.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 245 / 474 (check only one) X
or for comm	tion copied from such Reports and S ercial purposes, other than using the F COMMITTEE (In Full) Il 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.
Ronald K	e (Last, First, Middle Initial) K McLear ddress 3626 Hathaway Rd			Date of Receipt 0 7 2 2 2 0 0 9
City <u>Durham</u>	1	State NC	Zip Code 27707-5139	Transaction ID: C759976 Amount of Each Receipt this Period
	number of contributing olitical committee.	C		100.00
ns PA Receipt F	Employer Emergency Physicia- For: mary General ner (specify) •	,	n ncy Physician e Year-to-Date ▼ 300.00	
John M M	e (Last, First, Middle Initial) I McMahon, Jr Iddress 1419 6th St			Date of Receipt 0 7 0 9 2 0 0 9
City		State	Zip Code	Transaction ID: C749634
	number of contributing olitical committee.	C	36526-4465	Amount of Each Receipt this Period
Name of Springhil	Employer I Emer Phys PC	Occupatio Emerger	n ncy Physician	
	For: mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
John M M	e (Last, First, Middle Initial) I McMahon, Jr Iddress 1419 6th St			Date of Receipt 1 0 0 5 2 0 0 9
City		State	Zip Code	Transaction ID: C788974
	number of contributing olitical committee.	C	36526-4465	Amount of Each Receipt this Period
Name of Springhil	Employer I Emer Phys PC	Occupatio Emerger	n ncy Physician	
	For: mary General ner (specify) ▼	 	e Year-to-Date ▼ 1100.00	
SUBTOTAL	L of Receipts This Page (optional)	I)	1200.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 246 / 474 (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	I Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Monica M M McMillan		Date of Receipt
Mailing Address 4027 Sisteron Ct		1 1 1 8 2 0 0 9
City	State Zip Code	Transaction ID: C807191
Merced	CA 95348-9540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.00
Name of Employer Mercy Med Ctr Merced	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 346.00	
Full Name (Last, First, Middle Initial) Richard S S McMonigal		Date of Receipt
Mailing Address 3610 45th St NE		07 28 7 9 9
City	State Zip Code	Transaction ID: C761292
<u>Tacoma</u>	WA 98422-2293	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Auburn General Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Brandon L L Mednick		Date of Receipt
Mailing Address 215 Scenic Pass		11 1 12 2009
City	State Zip Code	Transaction ID: C804570
<u>Fayetteville</u>	GA 30215-8117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Dr. Brandon L Mednick	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		1096.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 247 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	statements may not be sold or used by any pers	on for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Action Committee	
	Full Name (Last, First, Middle Initial) William Joel Joel Meggs		Date of Receipt
	Mailing Address 103 Hidden Hills Dr	State Zip Code	07 30 2009 2009
	City Greenville	State Zip Code NC 27858-8635	Transaction ID: C761733 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer Emerg Med, PCMH, 3ED-311	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1017.00	
_	Full Name (Last, First, Middle Initial) William Joel Joel Meggs		Date of Receipt
	Mailing Address 103 Hidden Hills Dr		08 28 2009
	City	State Zip Code	Transaction ID: C773691
	Greenville	NC 27858-8635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer Emerg Med, PCMH, 3ED-311	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1017.00	
	Full Name (Last, First, Middle Initial) William Joel Joel Meggs		Date of Receipt
	Mailing Address 103 Hidden Hills Dr		09 28 YYYY 2009
	City	State Zip Code	Transaction ID: C785391
	Greenville	NC 27858-8635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer Emerg Med, PCMH, 3ED-311	Occupation Emergency Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	1017.00	_
	UBTOTAL of Receipts This Page (optional)		255.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 248 / 474			
	TEMIZED RECEIPTS		for each category of the	(check only one)			
			Detailed Summary Page	X 11a 11b 11c 12			
_				13 14 15 16 17			
	Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements 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 solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	National Emergency Medicine Political	Action Cor	nmittee				
Α.	Full Name (Last, First, Middle Initial) William Joel Joel Meggs			Date of Receipt			
	Mailing Address 103 Hidden Hills Dr						
	City	State	Zip Code	Transaction ID: C787869			
	Greenville	NC	27858-8635	Amount of Each Receipt this Period			
				7 illicult of Each Hoodpt the Folia			
	FEC ID number of contributing federal political committee.	С		84.00			
	Name of Employer Emerg Med, PCMH, 3ED-311	Occupation	on ncy Physician				
	Receipt For:		· ·	_			
	Primary General	Aggregate	e Year-to-Date ▼				
	Other (specify)		1017.00				
	Carlot (epoonly) 🔻	0 0	0 0 0 0 0 0 0	1			
В.	Full Name (Last, First, Middle Initial) William Joel Joel Meggs			Date of Receipt			
	Mailing Address 103 Hidden Hills Dr			M M / D D / Y Y Y Y			
				11 30 2009			
	City	State	Zip Code	Transaction ID: C810211			
	Greenville	NC	27858-8635	Amount of Each Receipt this Period			
	FEC ID number of contributing			84.00			
	federal political committee.	C		04.00			
	Name of Employer Emerg Med, PCMH, 3ED-311	Occupation Emerger	on ncy Physician				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		1017.00	1			
	Other (specify)		1017.00				
с. С.	Full Name (Last, First, Middle Initial) William Joel Joel Meggs			Date of Receipt			
	Mailing Address 103 Hidden Hills Dr			12 31 YYYYY 2009			
	City	State	Zip Code	Transaction ID: C839103			
	<u>Greenville</u>	NC	27858-8635	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		84.00			
	federal political committee.						
	Name of Employer Emerg Med, PCMH, 3ED-311	Occupation Emerger	on ncy Physician				
	Receipt For:		e Year-to-Date ▼				
	Primary General	55584.		1			
	Other (specify) ▼		1017.00				
[252.00			
	SUBTOTAL of Receipts This Page (optional)		······	202.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 249 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Politics Nat	tical Action Committee	
Full Name (Last, First, Middle Initial) John J J Meharg		Date of Receipt
Mailing Address 738 Ashbury St		07 30 7 2009
City	State Zip Code	Transaction ID: C761831
San Francisco	CA 94117-4014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	367.65
Name of Employer California Emerg Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 563.65	
Full Name (Last, First, Middle Initial) John J J Meharg	I	Date of Receipt
Mailing Address 738 Ashbury St	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: C763242
San Francisco	CA 94117-4014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer California Emerg Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 563.65	
Full Name (Last, First, Middle Initial) John J J Meharg	I	Date of Receipt
Mailing Address 738 Ashbury St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C807355
San Francisco	CA 94117-4014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.00
Name of Employer California Emerg Phys	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	563.65	
SUPTOTAL of Possinto This Poss (artises	51)	563.65
SUBTUTAL of Receipts This Page (options	al) >	
TOTAL This Period (last page this line num	nber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 250 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	nd Statements may not be sold or used by any person the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Helmut W W Meisl Mailing Address 130 Stadler Dr City Woodside FEC ID number of contributing federal political committee. Name of Employer CA Emer Phys Med Grp Receipt For: Primary General Other (specify)	State Zip Code CA 94062-4817 C Occupation Emergency Physician Aggregate Year-to-Date 296.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jeffrey S S Menkes Mailing Address	Dr #23112 State Zip Code CT 06042-9110 C Occupation Emergency Physician Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jeffrey S S Menkes Mailing Address	Dr #23112 State Zip Code CT 06042-9110 C Occupation Emergency Physician Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 Z 3 Z 2 0 0 9 Transaction ID: C782468 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional	l) >	1096.00

	.E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 251 / 4 (check only one) X	174 П 1
or for commerci	al purposes, other than using the	Statements may name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
\ \	COMMITTEE (In Full) Imergency Medicine Political	I Action Com	mittee		
Jeffrey S S N				Date of Receipt	
City	ress 465 Buckland Hills Dr Apt 23112	#23112 State	Zip Code	1 0 2 2 2 2 0 0 9 Transaction ID: C796480	Y
Mancheste	er	CT	06042-9110	Amount of Each Receipt this Period	
FEC ID num	ber of contributing cal committee.	C		100.00	
Name of Em St Francis H	ployer losp ED	Occupation	cy Physician		
Receipt For: Primar Other		, '	Year-to-Date ▼ 1100.00		
	ast, First, Middle Initial) Mark Meredith, III			Date of Receipt	
Mailing Add	ress 1231A Rt 532			07	
City		State	Zip Code	Transaction ID: C761728	
<u>Chatswort</u>		NJ	08019-9711	Amount of Each Receipt this Period	
	ber of contributing cal committee.	C		100.00	
Name of Em Cmmty Med	ployer Ctr ED	Occupation Emergend	cy Physician		
Receipt For: Primal Other		Aggregate	Year-to-Date ▼ 1150.00		
,	Last, First, Middle Initial) Mark Meredith, III	1		Date of Receipt	
Mailing Add	ress 1231A Rt 532			0 8 2 8 2 0 0 9	
City		State	Zip Code	Transaction ID: C773699	
	n ber of contributing cal committee.	C	08019-9711	Amount of Each Receipt this Period 100.00	-
Name of Em Cmmty Med	ployer Ctr ED	Occupation	cy Physician		
Receipt For: Primal Other		, ' 	Year-to-Date ▼ 1150.00		
OUDTOTAL				300.00	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Ben	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 252 / 474 (check only one) X			
or for commercial purposes, other than NAME OF COMMITTEE (In Full) National Emergency Medicine	using the name and ac	ldress of any political committee to	o solicit contributions from such committee.			
Jacob Mark Mark Meredith, III						
City Chatsworth	State NJ	Zip Code 08019-9711	Transaction ID: C785396 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	08019-9711	100.00			
Name of Employer Cmmty Med Ctr ED Receipt For:		on ncy Physician e Year-to-Date ▼				
Primary General Other (specify) ▼	Aggregat	1150.00				
Full Name (Last, First, Middle Initial Jacob Mark Mark Meredith, III)		Date of Receipt			
Mailing Address 1231A Rt 532			10 03 7 2009			
City	State	Zip Code	Transaction ID: C802034			
Chatsworth	NJ	08019-9711	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Cmmty Med Ctr ED	Occupation Emerge	on ncy Physician				
Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 1150.00				
Full Name (Last, First, Middle Initial David L L Meyers)		Date of Receipt			
Mailing Address 2301 Ken Oak	k Rd		0 9 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City <u>Baltimore</u>	State MD	Zip Code 21209-4421	Transaction ID: C776071 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00			
Name of Employer EmCare Inc	Occupation Emerge	on ncy Physician	7			
Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 1000.00				
SUBTOTAL of Receipts This Page (o	pptional)		450.00			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 253 / 474 (check only one) X
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	l Action Committee	
	Full Name (Last, First, Middle Initial) David L L Meyers		Date of Receipt
	Mailing Address 2301 Ken Oak Rd		10 04 7 2009
	City Baltimore	State Zip Code MD 21209-4421	Transaction ID: C787874
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
	Name of Employer EmCare Inc	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) David L L Meyers		Date of Receipt
	Mailing Address 2301 Ken Oak Rd	11 30 7 9 2009	
	City	State Zip Code	Transaction ID: C810245
	Baltimore	MD 21209-4421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer EmCare Inc	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) David L L Meyers		Date of Receipt
	Mailing Address 2301 Ken Oak Rd		1 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: C839109
	Baltimore	MD 21209-4421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer EmCare Inc	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	UBTOTAL of Receipts This Page (optional)	1	300.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 254 / 474 (check only one) X
or for con	nation copied from such Reports and S inmercial purposes, other than using the OF COMMITTEE (In Full) nal 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.
. Williar	ame (Last, First, Middle Initial) n B B Michelson g Address 35 Sawbuck Rd			Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rend		State NV	Zip Code 89519-8003	Transaction ID: C768699 Amount of Each Receipt this Period
FEC I	O number of contributing political committee.	C		500.00
Recei	of Employer Emer Phys Assoc ot For: Primary General Other (specify)	,	nn ncy Physician e Year-to-Date ▼ 500.00	
Richar	ame (Last, First, Middle Initial) d A A Midthun g Address 29359 Wagon Rd			Date of Receipt 0 7 2 2 2 0 0 9
City		State	Zip Code	Transaction ID: C760009
	ra D number of contributing I political committee.	CA	91301-2737	Amount of Each Receipt this Period 3000.00
Name Los R	of Employer obles Medical Center	Occupatio Emerger	n ncy Physician	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 3000.00	
	ame (Last, First, Middle Initial)			Date of Receipt
Mailin	g Address 18 Rowland Drive			09 30 2009
City		State	Zip Code	Transaction ID: C785588
FEC I	orough O number of contributing I political committee.	NJ C	08844-4061	Amount of Each Receipt this Period 225.00
Name EMA ociate	of Employer Emergency Medical Ass-	Occupatio EM Phys		
Recei		, · · · · ·	e Year-to-Date ▼ 225.00	
SUBTO	FAL of Receipts This Page (optional)	1		3725.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 255/4/4 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	tical Action Com	nmittee	
Full Name (Last, First, Middle Initial) David A A Milbrandt			Date of Receipt
Mailing Address 11111 Ironwood Av	ve N		10 03 2009
City West Lakeland	State MN	Zip Code 55082-5068	Transaction ID: C802061 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Fairview Lakes Hosp	Occupation Emergen	n locy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Calvin J J Miller			Date of Receipt
Mailing Address 205 Upper Godfrey	10 16 2009		
City	State	Zip Code	Transaction ID: C792407
Leechburg	PA	15656-7230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer EMP of Alle-Kiski Med Ctr	Occupation Emergen	n icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) John S S Milne			Date of Receipt
Mailing Address 530 Wilderness Pe	eak Dr NW		07 30 2009
City Issaguah	State WA	Zip Code 98027-5621	Transaction ID: C761749 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30027 3021	83.33
Name of Employer Eastside Emer Phys PLLC	Occupation Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01	
SUBTOTAL of Receipts This Page (options			2083.33

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 256 / 474 (check only one) X 11a
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	e name and add	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) John S S Milne			Date of Receipt
	Mailing Address 530 Wilderness Peak I	Dr NW		08 / 28 / 2009
	City Issaquah	State WA	Zip Code 98027-5621	Transaction ID: C773694 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30027 0021	83.33
	Name of Employer Eastside Emer Phys PLLC	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01]
	Full Name (Last, First, Middle Initial) John S S Milne Mailing Address 530 Wilderness Peak I	Dr NW		Date of Receipt
		09 28 2009		
	City Issaguah	State WA	Zip Code 98027-5621	Transaction ID: C785398 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.37
	Name of Employer Eastside Emer Phys PLLC	Occupation Emergen	n Icy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01	
_	Full Name (Last, First, Middle Initial) James C C Mitchiner	<u> </u>		Date of Receipt
	Mailing Address 1265 Barrister Rd			10 03 YYYYY 10 03 2009
	City	State	Zip Code	Transaction ID: C802073
	Ann Arbor FEC ID number of contributing federal political committee.	C	48105-2821	Amount of Each Receipt this Period 500.00
	Name of Employer St Joseph Mercy Hosp ED	Occupation	n ncy Physician	
	Receipt For: Primary General Other (specify)	, ·	Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional))	666.70

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 257 / 474 (check only one) X
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Kevin Monfette Mailing Address 2954 Island Point Dr			Date of Receipt
	City	State	Zip Code	0 7 3 0 2 0 0 9 Transaction ID: C761721
	Metamora FEC ID number of contributing federal political committee.	C	48455-9625	Amount of Each Receipt this Period 250.00
	Name of Employer St Joseph Mercy Oakland Hosp Receipt For: Primary Other (specify)		nn ncy Physician e Year-to-Date ▼ 750.00	
3.	Full Name (Last, First, Middle Initial) Kevin Monfette Mailing Address 2954 Island Point Dr			Date of Receipt 1 0 2 9 2 0 0 9
	City	State	Zip Code	Transaction ID: C798605
	Metamora FEC ID number of contributing federal political committee.	C	48455-9625	Amount of Each Receipt this Period 250.00
	Name of Employer St Joseph Mercy Oakland Hosp Receipt For:	, · · · ·	on ncy Physician e Year-to-Date ▼	
	Primary General Other (specify)	133,534	750.00	
	Full Name (Last, First, Middle Initial) Jeffrey Alan Alan Moore Mailing Address 1200 Founders Lake I	Dr		Date of Receipt
				09 28 2009
	City Athens	State GA	Zip Code 30606-7640	Transaction ID: C785429 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer GA Emer Med Spec	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00

SCHEDULE A (FEC ITEMIZED RECEIPT		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 258 / 474 (check only one) X
or for commercial purposes, oth NAME OF COMMITTEE (In	er than using the name and a	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middl John C C Moorhead Mailing Address 4138 SV			Date of Receipt 0 7 3 0 2 0 0 9
City Portland	State OR	Zip Code 97239-4110	Transaction ID: C761743 Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		250.00
Name of Employer Oregon Hith Sci Univ CDW- EM Receipt For: Primary Gen Other (specify) ▼	Aggrega	tion ency Physician ate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middl John C C Moorhead Mailing Address 4138 SV	, 		Date of Receipt 1 0 2 9 2 0 0 9
City	State	Zip Code	Transaction ID: C798600
Portland FEC ID number of contributi federal political committee.	OR C	97239-4110	Amount of Each Receipt this Period 250.00
Name of Employer Oregon Hith Sci Univ CDW- EM	Occupat Emerge	tion ency Physician	
Receipt For: Primary Gen Other (specify) ▼		ate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middl Gregory J J Moran	e Initial)		Date of Receipt
Mailing Address 14445 C	Dlive View Dr N Annex		07 22 2009
City	State	Zip Code	Transaction ID: C760007
Sylmar FEC ID number of contributi federal political committee.	ng CA	91342-1437	Amount of Each Receipt this Period 500.00
Name of Employer Olive View/UCLA Med Ctr, DEM	Occupat Emerge	tion ency Physician	
Receipt For: Primary Gen Other (specify) ▼		ate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This	Page (optional)		1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 259 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) National Emergency Medicine Po	and Statements may not be sold or used by any person ng the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	Antical Action Committee	
Dexter L L Morris Mailing Address 5 Moore Dr MAIC	; 4497	Date of Receipt
City	Ctata 7:n Cada	08 06 2009
City Durham	State Zip Code NC 27709-0143	Transaction ID: C764037 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 27766 6146	500.00
Name of Employer GlaxoSmithKline	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) John B B Moskow	L	Date of Receipt
Mailing Address 2201 Plumbrook	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: C789502
Austin	TX 78746-6233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Emer Svc Prtnrs La Costa Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) John B B Moskow	I	Date of Receipt
Mailing Address 2201 Plumbrook	Dr	1 1 2 4 2 0 0 9
City	State Zip Code	Transaction ID: C809615
Austin	TX 78746-6233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Emer Svc Prtnrs La Costa Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optic	onal)	1600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 260 / 474 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	ne name and addre	ess of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Matthew B B Mostofi Mailing Address 46 Frothingham St			Date of Receipt
City Milton FEC ID number of contributing	State MA	Zip Code 02186-3317	Transaction ID: C802049 Amount of Each Receipt this Period 1000.00
Receipt For: Primary Other (specify) ▼ Redeval political committee. Receipt For: General Other (specify) ▼	Occupation Emergency	Physician ear-to-Date ▼	
Full Name (Last, First, Middle Initial) William Ray Ray Mostow Mailing Address 21 W Berridge Ln			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Phoenix FEC ID number of contributing	State AZ	Zip Code 85013-1509	Transaction ID: C761878 Amount of Each Receipt this Period 367.64
federal political committee. Name of Employer Good Samaritan Reg Med Ctr ED Receipt For: Primary General Other (specify) ▼	Occupation Emergency	y Physician lear-to-Date ▼ 463.64	
Full Name (Last, First, Middle Initial) William Ray Ray Mostow Mailing Address 21 W Berridge Ln			Date of Receipt
City Phoenix FEC ID number of contributing federal political committee.	State AZ	Zip Code 85013-1509	Transaction ID: C807146 Amount of Each Receipt this Period 96.00
Name of Employer Good Samaritan Reg Med Ctr ED Receipt For: Primary General Other (specify)	Occupation Emergency	Physician ear-to-Date ▼ 463.64	
SUBTOTAL of Receipts This Page (optional)	1		1463.64
TOTAL This Period (last page this line number	er only)		

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 261 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than 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 to tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alvin J J Murn Mailing Address 107 Rutan Ct		Date of Receipt
City Mooresville	State Zip Code NC 28117-8497	7 23 2009 Transaction ID: C760126 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MEMA Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Carla Elizabeth Elizabeth Murphy Mailing Address 1196 Preserve Cir		Date of Receipt 1 0 0 6 2 0 0 9
City	State Zip Code	Transaction ID: C789488
Golden FEC ID number of contributing federal political committee.	CO 80401-7045	Amount of Each Receipt this Period 1000.00
Name of Employer Emer Svc Phys PC Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Daniel G G Murphy Mailing Address 36 Huntington Rd		Date of Receipt
City	State Zip Code	0 7 3 0 2 0 0 9 Transaction ID: C761761
Garden City	NY 11530-3102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Long Island Emerg Care PC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	
SUBTOTAL of Receipts This Page (option	al)	1600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 262 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any perso the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel G G Murphy Mailing Address 36 Huntington Rd City Garden City FEC ID number of contributing federal political committee. Name of Employer Long Island Emerg Care PC Receipt For: Primary General Other (specify)	State Zip Code NY 11530-3102 C Occupation Emergency Physician Aggregate Year-to-Date 1700.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Matthew T T Murray Mailing Address 205 N 33rd St City Colorado Springs FEC ID number of contributing federal political committee. Name of Employer Mem Hosp Receipt For:	State Zip Code CO 80904-1411 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Jason A A Mutch Mailing Address 18210 Nautique Dr City Cornelius FEC ID number of contributing federal political committee. Name of Employer Mid-Atlantic Emer Med	300.00 State Zip Code NC 28031-7621 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mid-Atlantic Emer Med Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 204.00	1317.00

SCHEDULI ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 263 / 474 (check only one) X 11a
or for commercia	copied from such Reports and Si Il purposes, other than using the DMMITTEE (In Full)	tatements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	nergency Medicine Political	Action Con	nmittee	
Full Name (La Jason A A Muth Mailing Addre				Date of Receipt
	10210 Nautique Di	Ctoto	Zip Code	09 30 2009
City <u>Cornelius</u>		State NC	28031-7621	Transaction ID: C787043 Amount of Each Receipt this Period
FEC ID numb federal politica	per of contributing al committee.	C		17.00
Name of Emp Mid-Atlantic E	oloyer Emer Med	Occupation Emergen	n ncy Physician	
Receipt For: Primary Other (s	General	Aggregate	e Year-to-Date ▼ 204.00	
Jason A A Mut				Date of Receipt
Mailing Addre	ess 18210 Nautique Dr	09 30 2009		
City		State	Zip Code	Transaction ID: C787076
Cornelius FEC ID numb federal politica	per of contributing al committee.	NC C	28031-7621	Amount of Each Receipt this Period
Name of Emp Mid-Atlantic E	oloyer Emer Med	Occupation Emergen	n ncy Physician	
Receipt For: Primary Other (s	General ∀	Aggregate	e Year-to-Date ▼ 204.00	
Full Name (La	ast, First, Middle Initial) ch			Date of Receipt
Mailing Addre	ess 18210 Nautique Dr			12 31 2009
City		State	Zip Code	Transaction ID: C848294
Cornelius FEC ID numb federal politica	per of contributing al committee.	NC C	28031-7621	Amount of Each Receipt this Period 17.00
Name of Emp Mid-Atlantic E	oloyer Emer Med	Occupation Emergen	n ncy Physician	
Receipt For: Primary Other (s	General		e Year-to-Date ▼ 204.00	
SUBTOTAL of	Receipts This Page (optional)			51.00
	eriod (last page this line number of		<u> </u>	

	EMIZED RECEIPTS		se separate schedule(s) or each category of the etailed Summary Page	(check only one) X 11a
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not e name and address	be sold or used by any person of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	l Action Committ	tee	
Α.	Full Name (Last, First, Middle Initial) Jason A A Mutch Mailing Address 18210 Nautique Dr			Date of Receipt
	City	State	Zip Code	12 31 2009
	Cornelius	NC	28031-7621	Transaction ID: C848295 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		17.00
	Name of Employer Mid-Atlantic Emer Med	Occupation Emergency P	Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 204.00	
— В.	Full Name (Last, First, Middle Initial) Jason A Mutch	1		Date of Receipt
	Mailing Address 18210 Nautique Dr	12 31 2009		
	City		Zip Code	Transaction ID: C848296
	Cornelius FEC ID number of contributing federal political committee.	NC C	28031-7621	Amount of Each Receipt this Period
	Name of Employer Mid-Atlantic Emer Med	Occupation Emergency P	Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 204.00]
—).	Full Name (Last, First, Middle Initial) John H H Myers			Date of Receipt
	Mailing Address 7505 Primrose Dr			10 06 2009
	City Irving		Zip Code	Transaction ID: C789484
	FEC ID number of contributing federal political committee.	C	75063-8435	Amount of Each Receipt this Period 1000.00
	Name of Employer Questcare Partners	Occupation Emergency P	Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	•	
	SUBTOTAL of Receipts This Page (optional)			1034.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 265 / 474 (check only one) X
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Con	nmittee	
۷.	Full Name (Last, First, Middle Initial) Michael E E Myers Mailing Address 2200 Bandallia Dr			Date of Receipt
	Pro Emer Phys Inc			07 22 2009
	City Ft Wayne	State IN	Zip Code	Transaction ID: C760015
	FEC ID number of contributing federal political committee.	C	46805-4638	Amount of Each Receipt this Period 250.00
	Name of Employer Pro Emer Phys Inc	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Elaine Nelson	<u> </u>		Date of Receipt
	Mailing Address 1963 Fallen Leaf Ln	07 30 2009		
	City	State	Zip Code	Transaction ID: C761849
	Los Altos FEC ID number of contributing federal political committee.	CA	94024-7207	Amount of Each Receipt this Period 367.65
	Name of Employer Dr. Elaine Nelson	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 563.65	
_	Full Name (Last, First, Middle Initial) Elaine Nelson			Date of Receipt
	Mailing Address 1963 Fallen Leaf Ln			09 01 2009
	City	State	Zip Code	Transaction ID: C775476
	Los Altos FEC ID number of contributing federal political committee.	CA	94024-7207	Amount of Each Receipt this Period 100.00
	Name of Employer Dr. Elaine Nelson	Occupation Emergen	n nocy Physician	
	Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 563.65	
\[SUBTOTAL of Receipts This Page (optional)			717.65

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 266 / 474 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	
National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Elaine Nelson		Date of Receipt
Mailing Address 1963 Fallen Leaf Ln		111 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C807259
Los Altos	CA 94024-7207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.00
Name of Employer Dr. Elaine Nelson	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	563.65	
Full Name (Last, First, Middle Initial) Ira R R Nemeth		Date of Receipt
Mailing Address 1408 Vermont St Apt 134		07 30 7 2009
City	State Zip Code	Transaction ID: C761716
Houston	TX 77006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1650.00	
Full Name (Last, First, Middle Initial) Ira R R Nemeth		Date of Receipt
Mailing Address 1408 Vermont St Apt 134		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: C773682
Houston	TX 77006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1650.00	
CUPTOTAL (D TI: D /)		396.00

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 267 / 474 (check only one) X
or for o	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) ttional Emergency Medicine Politica	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. Ira	I Name (Last, First, Middle Initial) R R Nemeth iling Address 1408 Vermont St Apt 134			Date of Receipt 0 9 28 2009
City		State	Zip Code	Transaction ID: C785399
<u>Ho</u>	puston	TX	77006	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		150.00
	me of Employer Ira R Nemeth	Occupatio Emergen	n ncy Physician	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00	
lra	l Name (Last, First, Middle Initial) R R Nemeth			Date of Receipt
	iling Address 1408 Vermont St Apt 134	Otata	7: 0.1	10 04 2009
City	vuston	State TX	Zip Code 77006	Transaction ID: C787867 Amount of Each Receipt this Period
FE(C ID number of contributing eral political committee.	C	77000	100.00
Nar Dr.	me of Employer Ira R Nemeth	Occupatio Emerger	n ncy Physician	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00	
	l Name (Last, First, Middle Initial) R R Nemeth	1		Date of Receipt
_	iling Address 1408 Vermont St Apt 134			11 30 2009
City		State	Zip Code	Transaction ID: C810226
FE	ouston C ID number of contributing eral political committee.	C	77006	Amount of Each Receipt this Period 100.00
Nar Dr.	me of Employer Ira R Nemeth	Occupatio Emerger	n ncy Physician	
Rec	ceipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 1650.00	
SUBT	**OTAL of Receipts This Page (optional)	1		350.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 268 / 474 (check only one) X 11a
Ai or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
∠ A .	Full Name (Last, First, Middle Initial) Ira R R Nemeth Mailing Address 1408 Vermont St			Date of Receipt
	Apt 134 City	State	Zip Code	1 2 3 1 2 0 0 9 Transaction ID: C839123
	Houston FEC ID number of contributing federal political committee.	C	77006	Amount of Each Receipt this Period 100.00
	Name of Employer Dr. Ira R Nemeth Receipt For: Primary General Other (specify)	, ' 	n ncy Physician e Year-to-Date ▼ 1650.00	
 3.	Full Name (Last, First, Middle Initial) Mark William William Nesbit Mailing Address 1442 Bluewater Rd			Date of Receipt 0 7 2 2 2 0 0 9
	City	State	Zip Code	Transaction ID: C760006
	Harrisonburg FEC ID number of contributing federal political committee.	C	22801-8645	Amount of Each Receipt this Period 500.00
	Name of Employer Dr. Mark William Nesbit	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	
 :.	Full Name (Last, First, Middle Initial) Mark William William Nesbit			Date of Receipt
	Mailing Address 1442 Bluewater Rd			09 04 2009
	City	State	Zip Code	Transaction ID: C776691
	Harrisonburg FEC ID number of contributing federal political committee.	C	22801-8645	Amount of Each Receipt this Period 100.00
	Name of Employer Dr. Mark William Nesbit	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	, ' 	e Year-to-Date ▼ 600.00	
s	SUBTOTAL of Receipts This Page (optional)	1		700.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 269 / 474 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any personers of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit			
Full Name (Last, First, Middle Initial) Timothy P P Nesper			Date of Receipt
Mailing Address 1222 Llano			0 7 3 0 2 0 0 9
City	State	Zip Code	Transaction ID: C761875
San Clemente	CA	92673-4035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		367.65
Name of Employer CA Emer Phys Med Grp	Occupation	cy Physician	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	, iggi ogalo	563.65	
Full Name (Last, First, Middle Initial) Timothy P P Nesper			Date of Receipt
Mailing Address 1222 Llano			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: C807183
San Clemente	CA	92673-4035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		96.00
Name of Employer CA Emer Phys Med Grp	Occupation Emergend	cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 563.65	
Full Name (Last, First, Middle Initial) Vivien Newbold			Date of Receipt
Mailing Address 509 Graham Schoo	ol Rd		09 09 7 2009
City	State	Zip Code	Transaction ID: C778385
Gallipolis	OH	45631-9133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Dr. Vivien Newbold	Occupation Emergend	cy Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		600.00	
			563.65

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 270 / 474 (check only one) X
,	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)	I ACTION CON	minuee	
۱.	Douglas Edward Edward Newton Mailing Address 7320 N Canyon View F	PR NE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C775371
	Benton City	WA	99320-9582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Dr. Douglas Edward Newton	Occupatio Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 450.00]
 3.	Full Name (Last, First, Middle Initial) Ryan K K Ngiam	1		Date of Receipt
	Mailing Address 4919 Pepelani Loop #	1 1 1 2 2 0 0 9		
	City	State	Zip Code	Transaction ID: C804561
	Princeville	HI	96722-5357	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kauai Vet Meml Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Phong Nguyen	<u> </u>		Date of Receipt
	Mailing Address 543 Acacia Ct			07 30 7 2009
	City	State	Zip Code	Transaction ID: C761814
	Redlands FEC ID number of contributing federal political committee.	CA	92373-5667	Amount of Each Receipt this Period 367.65
	Name of Employer California Emerg Phys	Occupatio Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify)	, ' 	e Year-to-Date ▼ 463.65	
	SUBTOTAL of Receipts This Page (optional)		\	717.65

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Statomento mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 271 / 474 (check only one) X 11a
or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and 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) Phong Nguyen Mailing Address 543 Acacia Ct City Redlands FEC ID number of contributing federal political committee. Name of Employer California Emerg Phys Receipt For: Primary General Other (specify)	, i — —	Zip Code 92373-5667 on ncy Physician e Year-to-Date ▼ 463.65	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Thuan Nguyen Mailing Address 247 W Swan Dr City Chandler FEC ID number of contributing federal political committee. Name of Employer Dr. Thuan Nguyen Receipt For: Primary General Other (specify)	, i – –	Zip Code 85286-7770 on ncy Physician e Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Constance Gail Nichols Mailing Address 8 Laurel St. City Paxton FEC ID number of contributing federal political committee. Name of Employer Umass Receipt For: Primary General Other (specify)	State MA C Occupation physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		•	1596.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 272 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Po	and Statements may not be sold or used by any person the name and address of any political committee to political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		Date of Receipt
Jeffrey R R Nickel Mailing Address 2300 N Black Oal	k 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: C761763
Angola	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 Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1149.99	
Full Name (Last, First, Middle Initial) Jeffrey R R Nickel	L	Date of Receipt
Mailing Address 2300 N Black Oal	k Dr	08 28 2009
City	State Zip Code	Transaction ID: C773685
<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 Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1149.99	
Full Name (Last, First, Middle Initial) Jeffrey R R Nickel		Date of Receipt
Mailing Address 2300 N Black Oal	k Dr	09 28 2009
City <u>Angola</u>	State Zip Code IN 46703-8195	Transaction ID: C785395 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 Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optic	nal)	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 273 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political		
Full Name (Last, First, Middle Initial)		
Jeffrey R R Nickel		Date of Receipt
Mailing Address 2300 N Black Oak Dr		10 03 2009
City	State Zip Code	Transaction ID: C802026
<u>Angola</u>	IN 46703-8195	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1149.99	
Full Name (Last, First, Middle Initial) Jeffrey R R Nickel	1	Date of Receipt
Mailing Address 2300 N Black Oak Dr		11 30 7 9 9 9
City	State Zip Code	Transaction ID: C810217
Angola	IN 46703-8195	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1149.99	
Full Name (Last, First, Middle Initial) Jeffrey R R Nickel		Date of Receipt
Mailing Address 2300 N Black Oak Dr		1 2 3 1 2 0 0 9
City	State Zip Code	Transaction ID: C839095
Angola	IN 46703-8195	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.33
Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1149.99	
SUBTOTAL of Receipts This Page (optional)	1	249.99

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 274 / 474 (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 Politica	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) David Nicker			Date of Receipt
	Mailing Address 10503 Greensprings D	Or		07 23 7 2009
	City	State	Zip Code	Transaction ID: C760138
	Tampa FEC ID number of contributing federal political committee.	C	33626-1724	Amount of Each Receipt this Period 100.00
	Name of Employer EMCARE	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
_ 3.	Full Name (Last, First, Middle Initial) Leroy Nickles, Jr Mailing Address 166 Lynette Dr	<u> </u>		Date of Receipt
				08 28 2009
	City	State	Zip Code	Transaction ID: C773721
	Ft Lee FEC ID number of contributing federal political committee.	C	07024-2106	Amount of Each Receipt this Period 250.00
	Name of Employer SoundShore Medical Center	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ ;.	Full Name (Last, First, Middle Initial) Elliot S S Nipomnick			Date of Receipt
	Mailing Address 509 Woodland 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: C768696
	Kentfield FEC ID number of contributing federal political committee.	CA	94904-2637	Amount of Each Receipt this Period
	Name of Employer Chinese Hosp	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' 	Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	1		450.00

SCHEDULE A ITEMIZED REC		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 275 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpo	oses, other than using the name	and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, Fir Elliot S S Nipomnick Mailing Address 5 City Kentfield FEC ID number of of federal political communications.	09 Woodland Rd S C Ontributing	tate Zip Code SA 94904-2637	Date of Receipt 0 9 2 3 2 0 0 9 Transaction ID: C782466 Amount of Each Receipt this Period
Name of Employer Chinese Hosp Receipt For: Primary Other (specify	Oct Em Ag General	cupation nergency Physician gregate Year-to-Date 300.00	
Full Name (Last, Fir Elliot S S Nipomnick Mailing Address 5	09 Woodland Rd	tate Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Kentfield FEC ID number of of federal political com	ontributing mittee.	A 94904-2637	Amount of Each Receipt this Period 100.00
Chinese Hosp Receipt For: Primary Other (specify	General En	nergency Physician gregate Year-to-Date ▼ 300.00]
Full Name (Last, Fir Jerry Dale Dale Nix Mailing Address	st, Middle Initial) 622 Briar Oak Ct		Date of Receipt 0 9 3 0 2 0 0 9
City Charlotte FEC ID number of of federal political com	ontributing C	tate Zip Code IC 28226-8512	Transaction ID: C787024 Amount of Each Receipt this Period 21.00
Name of Employer Dr. Jerry Dale Nix	Oc.	cupation nergency Physician	
Receipt For: Primary Other (specify	General	gregate Year-to-Date ▼ 252.00	
SUBTOTAL of Receip	ts This Page (optional)		221.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 2/6 / 4/4 (check only one)			
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	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 Polit	tical Action Con	nmittee				
Full Name (Last, First, Middle Initial) Jerry Dale Dale Nix			Date of Receipt			
Mailing Address 8622 Briar Oak Ct	· ·					
City Charlotte	State NC	Zip Code 28226-8512	Transaction ID: C787047 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		21.00			
Name of Employer Dr. Jerry Dale Nix	Occupatio Emerger	n ncy Physician				
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 252.00				
Full Name (Last, First, Middle Initial) Jerry Dale Dale Nix			Date of Receipt			
Mailing Address 8622 Briar Oak Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: C787080			
Charlotte FEC ID number of contributing federal political committee.	NC C	28226-8512	Amount of Each Receipt this Period 21.00			
Name of Employer Dr. Jerry Dale Nix	Occupatio Emerger	n ncy Physician				
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 252.00	1			
Full Name (Last, First, Middle Initial)						
Jerry Dale Dale Nix Mailing Address 8622 Briar Oak Ct			Date of Receipt 1 2 3 1 2 0 0 9			
City	State	Zip Code	Transaction ID: C848301			
Charlotte FEC ID number of contributing federal political committee.	C	28226-8512	Amount of Each Receipt this Period 21.00			
Name of Employer Dr. Jerry Dale Nix	Occupatio Emerger	n ncy Physician				
Receipt For: Primary General Other (specify) ▼	_ , ' 	e Year-to-Date ▼ 252.00				
SUBTOTAL of Receipts This Page (optional	al)		63.00			

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 277 / 474 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the commercial purposes.	d Statements may	Ly not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Jerry Dale Dale Nix			Date of Receipt
Mailing Address 8622 Briar Oak Ct			1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C848302
Charlotte	NC	28226-8512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer Dr. Jerry Dale Nix	Occupatio Emergen	n Icy Physician	
Receipt For:	- 	e Year-to-Date ▼	
Primary General Other (specify) ▼	- igg. gate	252.00	
Full Name (Last, First, Middle Initial) Jerry Dale Dale Nix			Date of Receipt
Mailing Address 8622 Briar Oak Ct			1 2 3 1 2 0 0 9
City	State	Zip Code	Transaction ID: C848303
Charlotte	NC	28226-8512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer Dr. Jerry Dale Nix	Occupatio Emerger	n acy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) Charles Niziol			Date of Receipt
Mailing Address 2815 Kings Forest D)r		07 24 2009
City	State	Zip Code	Transaction ID: C760991
Kingwood	TX	77339-2450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Laredo Med Ctr	Occupatio Emergen	n Icy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1100.00	
SUBTOTAL of Receipts This Page (optional			542.00

A.

В.

C.

			FOR LINE NUMBER DAGE :
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 278 / 474
ITEMIZED RECEIPTS		for each category of the	(check only one)
II LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and Stror for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Political	Action Com	nmittee	
Full Name (Last, First, Middle Initial) Charles Niziol			Date of Receipt
Mailing Address 2815 Kings Forest Dr			10 05 7 9 9
City	State	Zip Code	Transaction ID: C788981
Kingwood	TX	77339-2450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Laredo Med Ctr	Occupation Emergen	n cy Physician	
Receipt For:		Year-to-Date ▼	
Primary General	1.99.191		1
Other (specify) ▼		1100.00	
Full Name (Last, First, Middle Initial) Charles Niziol			Date of Receipt
Mailing Address 2815 Kings Forest Dr			12 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C811641
Kingwood	TX	77339-2450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Laredo Med Ctr	Occupation Emergen	n cy Physician	
Receipt For:	Aggregate	Year-to-Date	
Primary General Other (specify) ▼		1100.00	
Full Name (Last, First, Middle Initial) Terrence D D Noah, Jr			Date of Receipt
Mailing Address 3500 Gaston Ave			07 28 7 2009
City	State	Zip Code	Transaction ID: C761228
Dallas	TX	75246-2017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			250.00
Name of Employer Emcare Inc	Occupation Emergen	n cy Physician	
Receipt For:		Year-to-Date ▼	
Primary General	, iggi egale		1
Other (specify) ▼		350.00	
SUBTOTAL of Receipts This Page (optional)			850.00

TOTAL This Period (last page this line number only)

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	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 279 / 474 (check only one) X
, c	any information copied from such Reports and r for commercial purposes, other than using th	Statements may ne name and add	not be sold or used by any pers ress 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 NAME OF COMMITTEE (In Full)	al Action Com	mittee	
۷.	Full Name (Last, First, Middle Initial) Terrence D D Noah, Jr			Date of Receipt
	Mailing Address 3500 Gaston Ave	Chaha	7in Oada	09 22 2009
	City Dallas	State TX	Zip Code 75246-2017	Transaction ID: C782301
	FEC ID number of contributing federal political committee.	C	73240-2017	Amount of Each Receipt this Period 100.00
	Name of Employer Emcare Inc	Occupation Emergend	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
_ 3.	Full Name (Last, First, Middle Initial) Melinda Boye Boye Nolan Mailing Address 32 Littleworth Rd	1		Date of Receipt
	Walling Address 32 Littleworth Ad			07 28 2009
	City	State	Zip Code	Transaction ID: C761237
	Manahawkin	NJ	08050-3008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer EMCARE	Occupation Emergend	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_).	Full Name (Last, First, Middle Initial) Joyce Norman			Date of Receipt
	Mailing Address 5801 Laramie Ave			07 17 2009
	City	State	Zip Code	Transaction ID: C754956
	Woodland Hills FEC ID number of contributing federal political committee.	CA	91367-5527	Amount of Each Receipt this Period 250.00
	Name of Employer Dr. Joyce Norman	Occupation Emergend	cy Physician	
	Receipt For: Primary General Other (specify) ▼	_ ' 	Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 280 / 4 / 4 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	ical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Ron Nutovits			Date of Receipt
Mailing Address 39 King Arthur Ct			09 28 2009
City	State	Zip Code	Transaction ID: C785385
New City FEC ID number of contributing federal political committee.	C	10956-6353	Amount of Each Receipt this Period 250.00
Name of Employer Emergency Medical Associa- tes		ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ron Nutovits			Date of Receipt
Mailing Address 39 King Arthur Ct			0 9 3 0 Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C787006
New City	NY	10956-6353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Emergency Medical Associa- tes	Occupatio Emerger	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Robert E E O'Connor			Date of Receipt
Mailing Address 515 Foxdale Ln			10 06 2009
City	State	Zip Code	Transaction ID: C789472
Charlottesville	VA	22903-9201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Univ of VA HIth Svc-Dept of EM		ncy Physician	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional	n		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 281 / 474 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mary O'Neill Mailing Address 28 Burnham St # 2 # 2 City Somerville FEC ID number of contributing	State MA	Zip Code 02144-1602	Date of Receipt M M M / D D M 2 0 0 9 Transaction ID: C761720 Amount of Each Receipt this Period 41.67
Name of Employer Milford-Whitinsville Reg Hosp Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupatio Emerger	nn ncy Physician e Year-to-Date ▼ 375.03	
Full Name (Last, First, Middle Initial) Mary O'Neill Mailing Address 28 Burnham St # 2 # 2 City Somerville FEC ID number of contributing federal political committee. Name of Employer Milford-Whitinsville Reg Hosp Receipt For: Primary General Other (specify)	, '	Zip Code 02144-1602 on nicy Physician e Year-to-Date 375.03	Date of Receipt M M 28 2009 Transaction ID: C773693 Amount of Each Receipt this Period 41.67
Full Name (Last, First, Middle Initial) Mary O'Neill Mailing Address 28 Burnham St # 2 # 2 City Somerville FEC ID number of contributing federal political committee. Name of Employer Milford-Whitinsville Reg Hosp Receipt For: Primary General Other (specify)	, '	Zip Code 02144-1602 n ncy Physician e Year-to-Date ▼	Date of Receipt M M Z B Z D D Z D Z D D Z D D D Z D D D D D
SUBTOTAL of Receipts This Page (optional) .			125.01

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 282 / 474 (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 Politica	e name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mary O'Neill			Date of Receipt
	Mailing Address 28 Burnham St # 2 # 2	0	7: 0 1	10 29 7 2009
	City <u>Somerville</u>	State MA	Zip Code 02144-1602	Transaction ID: C798594
	FEC ID number of contributing federal political committee.	C	02144-1002	Amount of Each Receipt this Period 41.67
	Name of Employer Milford-Whitinsville Reg Hosp Receipt For:	, ' 	o cy Physician Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	375.03	
- i.	Full Name (Last, First, Middle Initial) Mary O'Neill Mailing Address 28 Burnham St # 2	·		Date of Receipt
	# 2	Chaha	7:- 0-4-	11 30 2009
	City Somerville	State MA	Zip Code 02144-1602	Transaction ID: C810219 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02144-1002	41.67
	Name of Employer Milford-Whitinsville Reg Hosp	Occupation Emergend	oy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.03	
_	Full Name (Last, First, Middle Initial) Mary O'Neill			Date of Receipt
	Mailing Address 28 Burnham St # 2 # 2			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: C839112
	Somerville FEC ID number of contributing	MA	02144-1602	Amount of Each Receipt this Period 41.67
	federal political committee.	C		41.07
	Name of Employer Milford-Whitinsville Reg Hosp	, '	cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.03	
	SUBTOTAL of Receipts This Page (optional)			125.01

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 283 / 474 (check only one) X
\ \	Any information copied from such Reports and Sor 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 Con	nmittee	
۸.	Full Name (Last, First, Middle Initial) Joshua S S Obak			Date of Receipt
	Mailing Address PO Box 11038			07 07 2009
	City	State	Zip Code	Transaction ID: C747630
	Fresno FEC ID number of contributing federal political committee.	CA	93771-1038	Amount of Each Receipt this Period 100.00
	Name of Employer Sierra Kings District Hosp	Occupatio	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, i	e Year-to-Date ▼ 225.00	
- 3.	Full Name (Last, First, Middle Initial) Steven Robert Robert Offerman			Date of Receipt
	Mailing Address 5921 Shepard Ave			07 14 2009
	City	State	Zip Code	Transaction ID: C750692
	Sacramento	CA	95819-2539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kaiser Permanente Hosp	Occupation Emerger	ⁿ ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Steven Robert Robert Offerman			Date of Receipt
-	Mailing Address 5921 Shepard Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C791304
	Sacramento	CA	95819-2539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kaiser Permanente Hosp	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional) .			450.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 284 / 474 (check only one) X 11a
Any information copied from such Repor or for commercial purposes, other than L NAME OF COMMITTEE (In Full) National Emergency Medicine I	ts and Statements may not be sold or used by any persising the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Martin E E Ogle		Date of Receipt
Mailing Address 24411 Health C	enter Dr # 660	07 30 7 2009
City	State Zip Code	Transaction ID: C761855
Laguna Hills	CA 92653-3698	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	367.65
Name of Employer CA Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) Martin E E Ogle		Date of Receipt
Mailing Address 24411 Health C	enter Dr # 660	11 19 2009
City	State Zip Code	Transaction ID: C807895
<u>Laguna Hills</u>	CA 92653-3698	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.00
Name of Employer CA Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) William P P Olivieri		Date of Receipt
Mailing Address 18 Steeplechas	e Ln	07 30 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C761885
Asbury	NJ 08802-1086	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Hackettstown Cmnty Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
	l	563.65

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 285 / 474 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Eric M M Otani		Date of Receipt
Mailing Address 2070 Clinton Ave		07 / 30 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C761845
<u>Alameda</u>	CA 94501-4399	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	367.65
Name of Employer Alameda Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	463.65	
Full Name (Last, First, Middle Initial) Eric M M Otani		Date of Receipt
Mailing Address 2070 Clinton Ave		11 1 9 7 9 2009
City	State Zip Code	Transaction ID: C807794
Alameda	CA 94501-4399	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.00
Name of Employer Alameda Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	463.65	
Full Name (Last, First, Middle Initial) Jorge E Otero		Date of Receipt
Mailing Address 245 E Rock Rd		10 08 7 9 9
City	State Zip Code	Transaction ID: C790795
New Haven	CT 06511-1230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer NE Emer Med Spec	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	249.99	
)	546.98

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 286 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	d Statements may not be sold or used by any person the name and address of any political committee to cal Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jorge E Otero Mailing Address 245 E Rock Rd City New Haven FEC ID number of contributing federal political committee. Name of Employer NE Emer Med Spec Receipt For:	State Zip Code CT 06511-1230 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial)	249.99	
Jorge E Otero Mailing Address 245 E Rock Rd City New Haven FEC ID number of contributing federal political committee. Name of Employer NE Emer Med Spec Receipt For: Primary Other (specify)	State Zip Code CT 06511-1230 C Occupation Emergency Physician Aggregate Year-to-Date 249.99	Date of Receipt M M
Full Name (Last, First, Middle Initial) Chris Ott Mailing Address 1001 Ogden St City Denver FEC ID number of contributing federal political committee. Name of Employer Apex Emer Group Receipt For: Primary General Other (specify)	State Zip Code CO 80218-2807 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	416.66

ITEMIZED RE		emente may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 287 / 474 (check only one) X 11a
or for commercial pur NAME OF COMM	poses, other than using the nar	me and addr	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, F David T T Overton Mailing Address City Kalamazoo FEC ID number of	1000 Oakland Dr	State MI	Zip Code 49008-1282	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employe MSU/KCMS Receipt For: Primary Other (spec	General	Occupation Emergenc	y Physician Year-to-Date ▼	
Full Name (Last, F Steven A A Pace Mailing Address		State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Steilacoom FEC ID number of federal political co		WA C	98388-1502	Amount of Each Receipt this Period 250.00
Name of Employe Tacoma Emer Ca Receipt For: Primary Other (spec	General		y Physician ∕ear-to-Date ▼ 250.00	
Full Name (Last, F David C C Packo Mailing Address	irst, Middle Initial) 4535 Dressler Rd NW			Date of Receipt 0 9 0 3 2 0 0 9
City Canton FEC ID number of		State OH	Zip Code 44718-2545	Transaction ID: C776651 Amount of Each Receipt this Period 1000.00
federal political co Name of Employe Emer Med Phys	•	Occupation Emergence	y Physician	
Receipt For: Primary Other (spec	General		/ear-to-Date ▼	
SUBTOTAL of Rece				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 288 / 474 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any persong the name and address of any political committee to tical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Phillip Phillip Parker Mailing Address 555 W Webb Rd City	State Zip Code	Date of Receipt 10 24 2009 Transaction ID: C796664
Eagleville FEC ID number of contributing federal political committee.	TN 37060-4028	Amount of Each Receipt this Period 500.00
Name of Employer Southeastern Emerg Care PLLC Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Rebecca B B Parker Mailing Address 5880 Highland Ln		Date of Receipt 0 7 3 0 2 0 0 9
City <u>Lakewood</u> FEC ID number of contributing	State Zip Code IL 60014-4808 C	Transaction ID: C761772 Amount of Each Receipt this Period 250.00
name of Employer Dr. Rebecca B Parker	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Rebecca B B Parker Mailing Address 5880 Highland Ln		Date of Receipt 1 0 0 4 2 0 0 9
City	State Zip Code	Transaction ID: C787855
Lakewood FEC ID number of contributing federal political committee.	IL 60014-4808	Amount of Each Receipt this Period 250.00
Name of Employer Dr. Rebecca B Parker	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 289 / 474 (check only one) X
or for commercial purpos NAME OF COMMITT	es, other than using the name an	d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Middle Initial) D W 43rd St Apt 27J t 27J Stat	re Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
New York FEC ID number of collected political comm		10036-4355	Amount of Each Receipt this Period 250.00
Name of Employer St Josephs Regl Med Receipt For: Primary Other (specify)	Aggree General	pation rgency Physician egate Year-to-Date ▼ 250.00	
City	O Broadway O Broadway Stat	•	Date of Receipt 0 7 1 7 2 0 0 9 Transaction ID: C754953
Bangor FEC ID number of col federal political comm Name of Employer	ttee.	04401-3979	Amount of Each Receipt this Period 100.00
St Joseph Hosp Receipt For: Primary Other (specify)	General Aggre	rgency Physician egate Year-to-Date ▼ 950.00	
	Middle Initial) D Broadway D Broadway		Date of Receipt 0 7 3 0 2 0 0 9
City Bangor	Stat ME		Transaction ID: C761773 Amount of Each Receipt this Period
FEC ID number of confederal political comm			100.00
Name of Employer St Joseph Hosp Receipt For:	Eme	pation rgency Physician egate Year-to-Date ▼	
Primary Other (specify)	General	950.00	
SUBTOTAL of Receipts	This Page (optional)		450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 290 / 474 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any perso e 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) Charles F F Pattavina Mailing Address 360 Broadway 360 Broadway City Bangor	State Zip Code ME 04401-3979	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C Occupation	250.00
Name of Employer St Joseph Hosp Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date 950.00	
Full Name (Last, First, Middle Initial) Drew J J Paulson Mailing Address 1961 S 38th Dr Apt 58		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Yuma FEC ID number of contributing	State Zip Code AZ 85364-4916 C	Transaction ID: C760998 Amount of Each Receipt this Period 240.00
Federal political committee. Name of Employer Southwest Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) Drew J J Paulson		Date of Receipt
Mailing Address 1961 S 38th Dr Apt 58 City	State Zip Code	0 9 0 4 2 0 0 9 Transaction ID: C776678
Yuma FEC ID number of contributing federal political committee.	AZ 85364-4916	Amount of Each Receipt this Period 240.00
Name of Employer Southwest Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1300.00	
SUBTOTAL of Receipts This Page (optional) .		730.00

		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and	d Statements mav		13 14 15 16 on for the purpose of soliciting contributions
Any information copied from such Reports and or for commercial purposes, other than using t	the name and add	ress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Politic	cal Action Com	mittee	
Full Name (Last, First, Middle Initial) Drew J J Paulson			Date of Receipt
Mailing Address 1961 S 38th Dr Apt 58			10 01 7 2009
City	State	Zip Code	Transaction ID: C787709
Yuma	AZ	85364-4916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		240.00
Name of Employer Southwest Emer Phys	Occupation	cy Physician	
Receipt For:		Year-to-Date ▼	
Primary General	Aggregate		1
Other (specify) ▼		1300.00	
Full Name (Last, First, Middle Initial) Drew J J Paulson			Date of Receipt
Mailing Address 1961 S 38th Dr Apt 58			11 05 2009
City	State	Zip Code	Transaction ID: C801554
Yuma	AZ	85364-4916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		240.00
Name of Employer Southwest Emer Phys	Occupation	cy Physician	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		1300.00	
Full Name (Last, First, Middle Initial) Drew J J Paulson			Date of Receipt
Mailing Address 1961 S 38th Dr Apt 58			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: C811757
Yuma	AZ	85364-4916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		240.00
Name of Employer Southwest Emer Phys	Occupation Emergend	cy Physician	
Receipt For:	- 1 	Year-to-Date ▼	
Primary General Other (specify) ▼		1300.00]
SUBTOTAL of Receipts This Page (optional)			720.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 292 / 474 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any person e name and address of any political committee to al Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lee E E Payne Mailing Address 4199 Douglass Way City USAF Academy FEC ID number of contributing federal political committee. Name of Employer HQ Air Force Space Command Receipt For: Primary General	State Zip Code CO 80840-1099 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lee E E Payne Mailing Address 4199 Douglass Way City USAF Academy FEC ID number of contributing federal political committee.	949.99 State Zip Code CO 80840-1099 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer HQ Air Force Space Command Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 949.99]
Full Name (Last, First, Middle Initial) Lee E E Payne Mailing Address 4199 Douglass Way City	State Zip Code	Date of Receipt M
USAF Academy FEC ID number of contributing federal political committee.	CO 80840-1099	Amount of Each Receipt this Period 83.33
Name of Employer HQ Air Force Space Command Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 949.99	
SUBTOTAL of Receipts This Page (optional)		266.66

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 293 / 474 (check only one) X
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may no e name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Comm	ittee	
۸.	Full Name (Last, First, Middle Initial) Lee E E Payne			Date of Receipt
	Mailing Address 4199 Douglass Way		7: 0 1	12 31 2009
	City USAF Academy	State CO	Zip Code	Transaction ID: C839122
	FEC ID number of contributing federal political committee.	C	80840-1099	Amount of Each Receipt this Period 83.33
	Name of Employer HQ Air Force Space Command	Occupation Emergency	Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 949.99	
— 3.	Full Name (Last, First, Middle Initial) Pamela K K Peak			Date of Receipt
	Mailing Address 3250 W 100 S			07 30 7 2009
	City	State	Zip Code	Transaction ID: C761774
	Franklin FEC ID number of contributing federal political committee.	C	46131-8681	Amount of Each Receipt this Period 167.00
	Name of Employer Major Hosp ED	Occupation Emergency	Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1503.00	
 ;.	Full Name (Last, First, Middle Initial) Pamela K K Peak			Date of Receipt
	Mailing Address 3250 W 100 S			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: C773690
	Franklin FEC ID number of contributing	C	46131-8681	Amount of Each Receipt this Period
	Name of Employer Major Hosp ED	Occupation Emergency	Physician	
	Receipt For: Primary General Other (specify) ▼	, ' 	par-to-Date ▼ 1503.00	
Г	SUBTOTAL of Receipts This Page (optional) .	1		417.33

			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
	nformation copied from such Reports and St commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	AME OF COMMITTEE (In Full) ational Emergency Medicine Political	Action Com	nmittee	
	ıll Name (Last, First, Middle Initial) ımela K K Peak			Date of Receipt
Ma	ailing Address 3250 W 100 S			09 28 2009
Cit		State	Zip Code	Transaction ID: C785381
<u>Fr</u>	anklin	IN	46131-8681	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		167.00
Na Ma	ame of Employer ajor Hosp ED	Occupation	n icy Physician	7
Re	eceipt For:		Year-to-Date ▼	_
	Primary General Other (specify) ▼		1503.00	
	Ill Name (Last, First, Middle Initial)			Date of Receipt
_	ailing Address 3250 W 100 S			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	ty	State	Zip Code	Transaction ID: C798596
	ranklin	IN	46131-8681	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		167.00
Na Ma	ame of Employer ajor Hosp ED	Occupation Emergen	n ncy Physician	
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1503.00	
	ıll Name (Last, First, Middle Initial) ımela K K Peak			Date of Receipt
Ma	ailing Address 3250 W 100 S			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	ty	State	Zip Code	Transaction ID: C810225
<u>Fr</u>	anklin	IN	46131-8681	Amount of Each Receipt this Period
FE fed	EC ID number of contributing deral political committee.	C		167.00
Na Ma	ame of Employer ajor Hosp ED	Occupation Emergen	n ncy Physician	
Re	eceipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1503.00	

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 295 / 474 (check only one) X
or fo	information copied from such Reports and Sor 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
1. <u>1</u>	Full Name (Last, First, Middle Initial) Pamela K K Peak Mailing Address 3250 W 100 S			Date of Receipt 1 2 3 1 2 0 0 9
	Dity Franklin	State IN	Zip Code 46131-8681	Transaction ID: C839094 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		167.00
_	Name of Employer Major Hosp ED Receipt For: Primary General Other (specify) ▼	,	nn ncy Physician e Year-to-Date ▼ 1503.00	
3. _	Full Name (Last, First, Middle Initial) Mark D D Pearlmutter Mailing Address 440 Boylston St			Date of Receipt 10 03 2009
	Dity	State	Zip Code	Transaction ID: C802058
- F	Brookline FEC ID number of contributing ederal political committee.	C	02445-6005	Amount of Each Receipt this Period 350.00
1	Name of Employer St Elizabeths Hosp	Occupatio Emerger	n ncy Physician	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial)			Date of Receipt
-	Mailing Address 59 Windswept Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Coventry	State CT	Zip Code 06238-3622	Transaction ID: C787864
F	FEC ID number of contributing ederal political committee.	C	00238-3022	Amount of Each Receipt this Period 83.33
<u>,</u>	Name of Employer Windham Cmnty Meml Hosp	Occupatio Emerger	n ncy Physician	
Ī	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 249.99	
su	BTOTAL of Receipts This Page (optional)			600.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 296 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Alberto Perez		Date of Receipt
Mailing Address 59 Windswept Way	State 7in Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Coventry</u>	State Zip Code CT 06238-3622	Transaction ID: C810216 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Windham Cmnty Meml Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	
Full Name (Last, First, Middle Initial) Alberto Perez		Date of Receipt
Mailing Address 59 Windswept Way		12 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C839111
Coventry	CT 06238-3622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Windham Cmnty Meml Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	
Full Name (Last, First, Middle Initial) Paul K K Perry		Date of Receipt
Mailing Address 3401 N Wilder Rd		07 30 7 2009
City	State Zip Code	Transaction ID: C761839
Plant City	FL 33565-2677	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Univ Cmnty Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional)		1166.66
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of	·	1100.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 297 / 474 (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
∠ 4 .	Full Name (Last, First, Middle Initial) Paul K K Perry Mailing Address 3401 N Wilder Rd			Date of Receipt
	City Plant City	State FL	Zip Code 33565-2677	Transaction ID: C811633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Univ Cmnty Hosp Receipt For: Primary General Other (specify) ▼	,	n locy Physician e Year-to-Date ▼ 1100.00	
 3.	Full Name (Last, First, Middle Initial) Charles Allan Allan Phillips Mailing Address 6801 Trinity Landing D	Or S		Date of Receipt 1 1 2 0 2 0 0 9
	City	State	Zip Code	Transaction ID: C808429
	Ft Worth FEC ID number of contributing federal political committee.	C	76132-3754	Amount of Each Receipt this Period 250.00
	Name of Employer Questcare	, ·	cy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) John S S Phillips	1		Date of Receipt
	Mailing Address 208 Topaz St			09 04 2009
	City New Orleans	State LA	Zip Code 70124-2634	Transaction ID: C776680 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70124-2034	100.00
	Name of Employer Mem Med Ctr Bapist	Occupation Emergen	n Icy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 298 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial) Gina Marie Marie Piazza			Date of Receipt
Mailing Address 526 Walden Hills Ct			10 04 2009
City	State	Zip Code	Transaction ID: C787860
Augusta	GA	30909-0225	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Med Coll of Georgia	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Phil Michael Michael Piccinini			Date of Receipt
Mailing Address 1470 Lorain 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: C761867
San Marino	CA	91108-2506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		367.65
Name of Employer St Francis Meml Hosp ED	Occupation	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 463.65	
Full Name (Last, First, Middle Initial) Phil Michael Michael Piccinini			Date of Receipt
Mailing Address 1470 Lorain 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: C807849
San Marino	CA	91108-2506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		96.00
Name of Employer St Francis Meml Hosp ED	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 463.65	
SUBTOTAL of Receipts This Page (optional)			763.65

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 299 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) National Emergency Medicine Po	and Statements may not be sold or used by any person ng the name and address of any political committee to oblitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Edwin Cary Cary Pigman Mailing Address 3100 Bonnett Cre	eek Rd	Date of Receipt
City	State Zip Code	0 9 1 9 2 0 0 9 Transaction ID: C780436
Avon Park FEC ID number of contributing federal political committee.	FL 33825-7609	Amount of Each Receipt this Period 250.00
Name of Employer FL Hosp Heartland Div	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Edwin Cary Cary Pigman Mailing Address 3100 Bonnett Cre	eek Rd	Date of Receipt
City Avon Park	State Zip Code FL 33825-7609	Transaction ID: C814919 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer FL Hosp Heartland Div Receipt For:	Occupation Emergency Physician	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Karen Lisa Lisa Pike		Date of Receipt
Mailing Address 953 Terra Bella		07 30 7 2009
City <u>San Jose</u>	State Zip Code CA 95125-2656	Transaction ID: C761871 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	367.65
Name of Employer Comm Hosp Los Gatos	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 463.65	
SUBTOTAL of Receipts This Page (optic	onal)	867.65

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 300 / 474 (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 not be sold or used by any perso the name and address of any political committee to	
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) Karen Lisa Lisa Pike		Date of Receipt
Mailing Address 953 Terra Bella		11 1 9 2009
City	State Zip Code	Transaction ID: C807806
San Jose	CA 95125-2656	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.00
Name of Employer Comm Hosp Los Gatos	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	463.65	
Full Name (Last, First, Middle Initial) Randy L L Pilgrim		Date of Receipt
Mailing Address 117 Canterbury Rd		09 / 01 / 2009
City	State Zip Code	Transaction ID: C775463
<u>Lafayette</u>	LA 70503-3639	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Dr. Randy L Pilgrim	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00]
Full Name (Last, First, Middle Initial) Edward Adam Adam Pillar		Date of Receipt
Mailing Address 35605 Abelia St		07 30 7 2009
City	State Zip Code	Transaction ID: C761828
Murrieta	CA 92562-4462	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	367.65
Name of Employer CEP America	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	467.65	
)	1463.65

SCHEDULE A (FEC Form 3)	X) Use separate schedule(s)	FOR LINE NUMBER: PAGE 301 / 474 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any pers g the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli		
Full Name (Last, First, Middle Initial)		
Edward Adam Adam Pillar		Date of Receipt
Mailing Address 35605 Abelia St		11 16 2009
City Murrieta	State Zip Code CA 92562-4462	Transaction ID: C805530
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	100.00
Name of Employer CEP America	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	467.65	7
Other (specify) ▼	407.03	
Full Name (Last, First, Middle Initial) David J J Pillow, Jr		Date of Receipt
Mailing Address 5332 Wateka Dr		M M / D D / Y Y Y Y
-	7.0	07 27 2009
City Dallas	State Zip Code TX 75209-5512	Transaction ID: C761163
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer St Paul Univ Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Stephen R R Pitts		Date of Receipt
Mailing Address 5775 Heards Fores	st Dr	07 28 2009
City	State Zip Code	Transaction ID: C761246
Atlanta	GA 30328-4756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Emory Crawford Long Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SURTOTAL of Receipts This Dags (antism	al)	1600.00
CODICIAL OF NECESPES THIS Page (option	ω ₁	

Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political Full Name (Last, First, Middle Initial) Marc Steven Plotkin Mailing Address 7267 NW 122nd Ave City Parkland FEC ID number of contributing federal political committee.	name and address of any political committee to s	Date of Receipt Date of Receipt 1 2 0 0 9
Marc Steven Plotkin Mailing Address 7267 NW 122nd Ave City Parkland FEC ID number of contributing	FL 33076-4622 C Occupation	Transaction ID: C848249 Amount of Each Receipt this Period
·	,	7
Name of Employer Sheridan Healthcorp Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) George Podgorny Mailing Address 2115 Georgia Ave City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Winston Salem FEC ID number of contributing federal political committee. Name of Employer Moses H Cone Meml Hosp	NC 27104-1917 C Occupation	Transaction ID: C754962 Amount of Each Receipt this Period 500.00
Moses H Cone Meml Hosp Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Robert H H Potts, Jr Mailing Address PO Box 3319		Date of Receipt 0 7 2 9 2 0 0 9
City Copper Mtn FEC ID number of contributing federal political committee.	State Zip Code CO 80443-3319	Transaction ID: C761367 Amount of Each Receipt this Period 1000.00
Name of Employer Vail Valley Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 303 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ericka Powell Mailing Address 40 Lane Rd City Derry FEC ID number of contributing federal political committee. Name of Employer Lancaster Regional Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NH 03038-4194 C Occupation Emergency Physician Aggregate Year-to-Date 949.99	Date of Receipt M M M / D D / Y Y Y Y Y O 7 30 / 2009 Transaction ID: C761751 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Ericka Powell Mailing Address 40 Lane Rd City Derry FEC ID number of contributing federal political committee. Name of Employer Lancaster Regional Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NH 03038-4194 C Occupation Emergency Physician Aggregate Year-to-Date 949.99	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ericka Powell Mailing Address 40 Lane Rd City Derry FEC ID number of contributing federal political committee. Name of Employer Lancaster Regional Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NH 03038-4194 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 949.99	Date of Receipt M M J J J J J J J J J J J J J J J J J
SUBTOTAL of Receipts This Page (optional)		266.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 304 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Poli	itical Action Committee	
Full Name (Last, First, Middle Initial) Ericka Powell Mailing Address 40 Lane Rd		Date of Receipt
City	State Zip Code	1 2 3 1 2 0 0 9 Transaction ID: C839101
Derry	NH 03038-4194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Lancaster Regional Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 949.99	
Full Name (Last, First, Middle Initial) Eva Prakash		Date of Receipt
Mailing Address 334 Gershwin Dr		10 04 7 2009
City	State Zip Code	Transaction ID: C787830
Houston	TX 77079-7312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GHEP	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Andrew Prechtel		Date of Receipt
Mailing Address 14624 Old Vermilli	ion Dr	12 31 2009
City	State Zip Code	Transaction ID: C848313
Huntersville	NC 28078-5324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	17.00
Name of Employer MEMA	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 301.00	
SUBTOTAL of Receipts This Page (option	al)	350.33
	nber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 305 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	Statements may not be sold or used by any per- ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Andrew Prechtel Mailing Address 14624 Old Vermillion City Huntersville FEC ID number of contributing	State Zip Code NC 28078-5324	Date of Receipt 1 2 3 1 2 2 0 0 9 Transaction ID: C848314 Amount of Each Receipt this Period 17.00
Receipt For: Primary Other (specify) General	Occupation Emergency Physician Aggregate Year-to-Date 301.00	
Full Name (Last, First, Middle Initial) Andrew Prechtel Mailing Address 14624 Old Vermillion City	n Dr State Zip Code	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: C848315
Huntersville FEC ID number of contributing federal political committee. Name of Employer	NC 28078-5324 C Occupation	Amount of Each Receipt this Period 17.00
Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date 301.00	
Full Name (Last, First, Middle Initial) Louise A A Prince Mailing Address 750 E Adams St		Date of Receipt
City Syracuse FEC ID number of contributing	State Zip Code NY 13210-2342	Transaction ID: C802066 Amount of Each Receipt this Period
federal political committee. Name of Employer SUNY Upstate Med Univ ED	Occupation Emergency Physician	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		284.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 306 / 474 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Hannon Hannon Proctor Mailing Address 320 Old Hickory Blvd # Apt 1200 City Nashville FEC ID number of contributing federal political committee. Name of Employer Columbia Southern HIs Med Ctr Receipt For: Primary Other (specify)	State TN C Occupation Emergen	Zip Code 37221-1310 In a cy Physician Payear-to-Date 1100.00	Date of Receipt 10 03 2009 Transaction ID: C802057 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Christopher R R Pund Mailing Address 872 Golden Bell Pl City Lexington FEC ID number of contributing federal political committee. Name of Employer Marshall Emer Svc Assoc PSC Receipt For: Primary General Other (specify)	, '	Zip Code 40515-1198	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Christopher R R Pund Mailing Address 872 Golden Bell PI City Lexington FEC ID number of contributing federal political committee. Name of Employer Marshall Emer Svc Assoc PSC Receipt For: Primary General Other (specify)	. '	Zip Code 40515-1198 n ncy Physician e Year-to-Date ▼ 750.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9
SUBTOTAL of Receipts This Page (optional)			600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 307 / 474 (check only one) X
or f	r information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mand and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	National Emergency Medicine Politic	al Action Con	nmittee	
٠.	Full Name (Last, First, Middle Initial) Christopher R R Pund Mailing Address 872 Golden Bell Pl			Date of Receipt
-		Stata	Zin Codo	12 31 2009
	City Lexington	State KY	Zip Code 40515-1198	Transaction ID: C839108 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Marshall Emer Svc Assoc PSC	Occupatio Emerger	n ncy Physician	
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	Full Name (Last, First, Middle Initial) Sankalp Puri			Date of Receipt
	Mailing Address 14516 Salem Ridge F	Rd		09 30 2009
	City	State	Zip Code	Transaction ID: C787013
	Huntersville FEC ID number of contributing federal political committee.	C	28078-2418	Amount of Each Receipt this Period 17.00
Ī	Name of Employer Dr. Sankalp Puri	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
	Full Name (Last, First, Middle Initial) Sankalp Puri			Date of Receipt
1	Mailing Address 14516 Salem Ridge F	Rd		09 30 2009
	City	State NC	Zip Code	Transaction ID: C787044
Ī	Huntersville FEC ID number of contributing federal political committee.	C	28078-2418	Amount of Each Receipt this Period 17.00
Ī	Name of Employer Dr. Sankalp Puri	Occupatio Emerger	n ncy Physician	
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
	JBTOTAL of Receipts This Page (optional)	1		284.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 308 / 474 (check only one) X 11a
or f	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any persidress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
\rangle	National Emergency Medicine Politica	l Action Cor	mmittee	
۹.	Full Name (Last, First, Middle Initial) Sankalp Puri Mailing Address 14516 Salem Ridge R			Date of Receipt
				09 30 7 2009
	City Huntersville	State NC	Zip Code 28078-2418	Transaction ID: C787075 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25070 2410	17.00
,	Name of Employer Dr. Sankalp Puri	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
3.	Full Name (Last, First, Middle Initial) Sankalp Puri			Date of Receipt
	Mailing Address 14516 Salem Ridge R	a 		12 31 2009
	City Huntersville	State NC	Zip Code	Transaction ID: C848336
	FEC ID number of contributing federal political committee.	C	28078-2418	Amount of Each Receipt this Period
	Name of Employer Dr. Sankalp Puri	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 204.00	
 ;.	Full Name (Last, First, Middle Initial) Sankalp Puri	_		Date of Receipt
	Mailing Address 14516 Salem Ridge R	d		12 31 2009
	City	State	Zip Code	Transaction ID: C848337
	Huntersville FEC ID number of contributing federal political committee.	NC C	28078-2418	Amount of Each Receipt this Period 17.00
,	Name of Employer Dr. Sankalp Puri	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
SI	JBTOTAL of Receipts This Page (optional)			51.00
т	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 309 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politics National Emergency Medicine Politics	d Statements may not be sold or used by any perso the name and address of any political committee to ical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sankalp Puri Mailing Address 14516 Salem Ridge City Huntersville FEC ID number of contributing federal political committee. Name of Employer Dr. Sankalp Puri Receipt For: Primary General	State Zip Code NC 28078-2418 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: C848338 Amount of Each Receipt this Period 17.00
Full Name (Last, First, Middle Initial) Kenneth Bruce Quenneville Mailing Address 700 Partridge Ln City Eagle Lake FEC ID number of contributing federal political committee. Name of Employer Columbus Cmnty Hosp Receipt For: Primary General	State Zip Code TX 77434-3214 C Occupation Emergency Physician Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Daniel L L Quion Mailing Address 12677 Hesperia Rd Ste 120 City Victorville FEC ID number of contributing federal political committee. Name of Employer St Mary Med Ctr Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	I) >	967.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 310 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
Full Name (Last, First, Middle Initial) Daniel L L Quion		Date of Receipt
Mailing Address 12677 Hesperia Rd # Ste 120		111 / 19 / 2009
City	State Zip Code CA 92395-7735	Transaction ID: C807873
Victorville FEC ID number of contributing federal political committee.	CA 92395-7735	Amount of Each Receipt this Period 96.00
Name of Employer St Mary Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 746.00	
Full Name (Last, First, Middle Initial) Mohan Rajaratnam	_ I	Date of Receipt
Mailing Address 4559 Diplomat Drive		08 12 2009
City	State Zip Code	Transaction ID: C766159
Stow	OH 44224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Stark County Emergency Ph- ysicians	Occupation Emergency Room Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mohan Rajaratnam		Date of Receipt
Mailing Address 4559 Diplomat Drive		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: C776709
Stow	OH 44224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	900.00
Name of Employer Stark County Emergency Ph- ysicians	Occupation Emergency Room Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1096.00
TOTAL This Period (last page this line number	·	

ements may not be sold or used by any persorme and address of any political committee to ction Committee State Zip Code KS 66062-8023	Date of Receipt Date of Receipt Transaction ID: C761286 Amount of Each Receipt this Period 500.00
State Zip Code KS 66062-8023	Transaction ID: C761286 Amount of Each Receipt this Period
KS 66062-8023	Transaction ID: C761286 Amount of Each Receipt this Period
KS 66062-8023	Transaction ID: C761286 Amount of Each Receipt this Period
KS 66062-8023	Amount of Each Receipt this Period
	300.00
Occupation Emergency Physician	7
Aggregate Year-to-Date ▼ 500.00	
	Date of Receipt
7: 0.1	07 30 2009
•	Transaction ID: C761838 Amount of Each Receipt this Period
C	367.64
Occupation Emergency Physician	1
Aggregate Year-to-Date ▼ 463.64	
	Date of Receipt
	1 1 1 9 2 0 0 9
State Zip Code	Transaction ID: C807820
	Amount of Each Receipt this Period
C	96.00
Occupation Emergency Physician	
Aggregate Year-to-Date ▼	
463.64	
	963.64
	Emergency Physician Aggregate Year-to-Date 500.00 State Zip Code CA 92673-5659 C Occupation Emergency Physician Aggregate Year-to-Date 463.64 State Zip Code CA 92673-5659 C Occupation Emergency Physician Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Occupation Emergency Physician Aggregate Year-to-Date Occupation Emergency Physician

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 312 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	ical Action Committee	
Full Name (Last, First, Middle Initial) Linda A A Regan		Date of Receipt
Mailing Address 112 Tregarone Rd	2.0	12 31 2009
City Timonium	State Zip Code MD 21093-2522	Transaction ID: C839083
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Johns Hopkins Med Inst	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C Michael Remoll		Date of Receipt
Mailing Address 1754 Long Green D	r	07 30 2009
City	State Zip Code	Transaction ID: C761787
<u>Annapolis</u>	MD 21409-5853	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Anne Arundel Med Ctr ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) David Rentz		Date of Receipt
Mailing Address 304 Balwin Ave		09 / 30 / 4 2009
City	State Zip Code	Transaction ID: C787018
Charlotte FEC ID number of contributing federal political committee.	NC 28204-3112	Amount of Each Receipt this Period 17.00
Name of Employer Mid-Atlantic EM Assoc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	
SUBTOTAL of Receipts This Page (optiona	l)	1017.00
TOTAL This Period (last page this line numl	·	

	ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 15 16 11
or for comm	ation copied from such Reports and S nercial purposes, other than using the DF COMMITTEE (In Full)	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.
\	al Emergency Medicine Politica	I Action Con	nmittee	
David Re				Date of Receipt
Mailing /	Address 304 Balwin Ave	State	Zip Code	09 30 2009
City <u>Charlo</u>	tte	NC	28204-3112	Transaction ID: C787052 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		17.00
Name of Mid-Atla	f Employer antic EM Assoc	Occupation Emergen	n ncy Physician	
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
David Re		1		Date of Receipt
Mailing A	Address 304 Balwin Ave			09 30 2009
City		State	Zip Code	Transaction ID: C787091
<u>Charlo</u>		NC	28204-3112	Amount of Each Receipt this Period
	number of contributing political committee.	C		17.00
	f Employer antic EM Assoc	, ' <u> </u>	ncy Physician	
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
Full Nan David Re	ne (Last, First, Middle Initial) entz	1		Date of Receipt
Mailing /	Address 304 Balwin Ave			12 31 2009
City <u>Charlo</u>	tto	State NC	Zip Code 28204-3112	Transaction ID: C848277
FEC ID	number of contributing political committee.	C	20204-3112	Amount of Each Receipt this Period 17.00
Name of Mid-Atla	f Employer antic EM Assoc	Occupation Emergen	n ncy Physician	
	For: imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
SUBTOT#	AL of Receipts This Page (optional)			51.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 314 / 474 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Rentz			Date of Receipt
Mailing Address 304 Balwin Ave			12 31 2009
Charlette	State NC	Zip Code	Transaction ID: C848278
Charlotte FEC ID number of contributing federal political committee.	C	28204-3112	Amount of Each Receipt this Period 17.00
Name of Employer Mid-Atlantic EM Assoc	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 204.00	
Full Name (Last, First, Middle Initial) David Rentz			Date of Receipt
Mailing Address 304 Balwin Ave			12 31 7 2009
City	State	Zip Code	Transaction ID: C848279
Charlotte	NC	28204-3112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		17.00
Name of Employer Mid-Atlantic EM Assoc	Occupatio Emerger	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		204.00	
Full Name (Last, First, Middle Initial) Lisa M M Rentz			Date of Receipt
Mailing Address 304 Baldwin Ave			09 / 30 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: C787031
Charlotte	NC	28204-3112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		17.00
Name of Employer MEMA	- '	ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
SUBTOTAL of Receipts This Page (optional			51.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 315 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	nd Statements may not be sold or used by any pers g the name and address of any political committee to tical Action Committee	
Full Name (Last, First, Middle Initial) Lisa M M Rentz Mailing Address 304 Baldwin Ave		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28204-3112	Transaction ID: C787049 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	c	17.00
Name of Employer MEMA Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 204.00	
Full Name (Last, First, Middle Initial) Lisa M M Rentz Mailing Address 304 Baldwin Ave		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C787079
Charlotte	NC 28204-3112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	17.00
Name of Employer MEMA	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	
Full Name (Last, First, Middle Initial) Lisa M M Rentz Mailing Address 304 Baldwin Ave		Date of Receipt
		12 31 2009
City Charlotte	State Zip Code NC 28204-3112	Transaction ID: C848317
FEC ID number of contributing federal political committee.	C 26204-3112	Amount of Each Receipt this Period
Name of Employer MEMA	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	
SUBTOTAL of Receipts This Page (options	al)	51.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 316 / 474 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Lisa M M Rentz			Date of Receipt
	Mailing Address 304 Baldwin Ave City	State	Zip Code	1 2 3 1 2 0 0 9 Transaction ID: C848318
	<u>Charlotte</u>	NC	28204-3112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		17.00
	Name of Employer MEMA	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 204.00	
 3.	Full Name (Last, First, Middle Initial) Lisa M M Rentz Mailing Address 304 Baldwin Ave			Date of Receipt
	Mailing Address 304 Baidwin Ave			12 31 2009
	City	State	Zip Code	Transaction ID: C848319
	Charlotte	NC	28204-3112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		17.00
	Name of Employer MEMA	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	
 ;.	Full Name (Last, First, Middle Initial) Kathy Diana Diana Reschke			Date of Receipt
	Mailing Address PO Box 993744			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: C807816
	Redding	CA	96099-3744	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		96.00
	Name of Employer Shasta Emerg Med Grp MCA	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 321.00	
	SUBTOTAL of Receipts This Page (optional))	130.00

ITEMIZ	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 317 / 474 (check only one) X
or for comn	ation copied from such Reports and Stanercial purposes, other than using the output DF COMMITTEE (In Full) al Emergency Medicine Political	name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Nan Christop	ne (Last, First, Middle Initial) her R R Reynolds Address 7400 Leharne Dr	71011011 0011		Date of Receipt
City		State	Zip Code	0 9 3 0 2 0 0 9 Transaction ID: C787007
<u>Charlo</u>	tte	NC	28270-1817	Amount of Each Receipt this Period
	number of contributing political committee.	C		17.00
Name of Mid-Atla	f Employer antic Emerg Med	Occupation Emergen	n cy Physician	
	For: imary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 204.00	
	ne (Last, First, Middle Initial) her R R Reynolds			Date of Receipt
Mailing A	Address 7400 Leharne Dr			09 / 30 / 2009
City	**-	State	Zip Code	Transaction ID: C787023
	number of contributing political committee.	NC C	28270-1817	Amount of Each Receipt this Period 17.00
Name of Mid-Atla	f Employer antic Emerg Med	Occupation Emergen	n cy Physician	
	For: rimary General ther (specify) ▼	_ · _ ·	Year-to-Date ▼ 204.00	
	ne (Last, First, Middle Initial) her R R Reynolds			Date of Receipt
Mailing A	Address 7400 Leharne Dr			09 30 2009
City Charlo	tte	State NC	Zip Code 28270-1817	Transaction ID: C787092 Amount of Each Receipt this Period
	number of contributing political committee.	C		17.00
Name of Mid-Atla	f Employer antic Emerg Med	Occupation Emergen	n cy Physician	
	For: rimary General ther (specify) ▼		Year-to-Date ▼ 204.00	
SUBTOTA	AL of Receipts This Page (optional)			51.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 318 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
	Full Name (Last, First, Middle Initial) Christopher R R Reynolds		Date of Receipt
	Mailing Address 7400 Leharne Dr		12 31 2009
	Charlotto	State Zip Code NC 28270-1817	Transaction ID: C848274
	Charlotte FEC ID number of contributing federal political committee.	NC 28270-1817	Amount of Each Receipt this Period 17.00
	Name of Employer Mid-Atlantic Emerg Med	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	
	Full Name (Last, First, Middle Initial) Christopher R R Reynolds Mailing Address 7400 Leharne Dr		Date of Receipt
			12 31 2009
	City	State Zip Code	Transaction ID: C848275
	Charlotte	NC 28270-1817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Mid-Atlantic Emerg Med	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	
_	Full Name (Last, First, Middle Initial) Christopher R R Reynolds		Date of Receipt
	Mailing Address 7400 Leharne Dr		12 31 2009
	City	State Zip Code	Transaction ID: C848276
	Charlotte	NC 28270-1817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17.00
	Name of Employer Mid-Atlantic Emerg Med	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	
			51.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 319 / 474 (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 ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Martin Axel Axel Reznek Mailing Address 4201 St Antoine 3R Apt 417 City Detroit FEC ID number of contributing federal political committee. Name of Employer Med Ctr Emer Svcs Receipt For:	, '	Zip Code 48201-2153 In an analysis of the second s	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Laura C C Richey Mailing Address 1737 Chevelle Dr	1 1	1000.00	Date of Receipt
City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Earl K Long Med Ctr Receipt For: Primary General Other (specify)	- '	Zip Code 70806-8411 on ncy Physician e Year-to-Date ▼ 300.00	Transaction ID: C761783 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Laura C C Richey Mailing Address 1737 Chevelle Dr City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Earl K Long Med Ctr Receipt For: Primary General Other (specify)	- '	Zip Code 70806-8411 on ncy Physician e Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .			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 320 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) William D D Richmond Mailing Address 86 Shorebird Loop		Date of Receipt
Mailing Address 86 Shorebird Loop City	State Zip Code	0 7 1 4 2 0 0 9 Transaction ID: C750670
Pawleys Island	SC 29585-7540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Georgetown Mem Hosp, ED Dir	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Leonard M M Riggs, Jr		Date of Receipt
Mailing Address 8226 Douglas Ave #		07 24 2009
City	State Zip Code	Transaction ID: C760985
<u>Dallas</u>	TX 75225-5929	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer EMCARE Inc	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Stephan Rinnert		Date of Receipt
Mailing Address 126 Westminister Ro		08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C769934
Brooklyn	NY 11218-3444	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer State Univ of NY @ Brookl- yn	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1100.00
TOTAL This Period (last page this line number	·	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 321 / 474 (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
. ∠ a.	Full Name (Last, First, Middle Initial) Stephan Rinnert			Date of Receipt
	Mailing Address 126 Westminister Rd			09 / 28 / 2009
	City <u>Brooklyn</u>	State NY	Zip Code 11218-3444	Transaction ID: C785423
	FEC ID number of contributing federal political committee.	C	11210-0444	Amount of Each Receipt this Period 150.00
	Name of Employer State Univ of NY @ Brookl- yn	, ' 	ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) David Carlos Carlos Riojas Mailing Address 2602 Rogers Cir	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
				09 22 2009
	City San Antonio	State TX	Zip Code 78258-4605	Transaction ID: C782312
	FEC ID number of contributing federal political committee.	C	70230-4003	Amount of Each Receipt this Period
	Name of Employer Christus Santa Rosa Hosp	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
_	Full Name (Last, First, Middle Initial) Mark R R Riser			Date of Receipt
	Mailing Address 108 Balsamwood Ct			07 30 7 2009
	City	State	Zip Code	Transaction ID: C761745
	Cary	NC	27513-3456	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer Dr. Mark R Riser	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.01	
[SUBTOTAL of Receipts This Page (optional)			333.33

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 322 / 474 (check only one) X
or for	nformation copied from such Reports and Si commercial purposes, other than using the AME OF COMMITTEE (In Full) ational 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.
. <u>Ma</u>	Ill Name (Last, First, Middle Initial) ark R R Riser ailing Address 108 Balsamwood Ct			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ary	State NC	Zip Code 27513-3456	Transaction ID: C773683 Amount of Each Receipt this Period
fec	EC ID number of contributing deral political committee.	C	n	83.33
_	exeme of Employer Mark R Riser exceipt For: Primary General Other (specify)	Emergen	e Year-to-Date ▼ 750.01	
Ma	III Name (Last, First, Middle Initial) ark R R Riser ailing Address 108 Balsamwood Ct			Date of Receipt 0 9 2 8 2 0 0 9
Cit	ty	State	Zip Code	Transaction ID: C785384
FE	ary EC ID number of contributing deral political committee.	NC C	27513-3456	Amount of Each Receipt this Period 83.37
Dr —	ame of Employer . Mark R Riser		ncy Physician	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.01]
. Ja	III Name (Last, First, Middle Initial) ime B B Rivas			Date of Receipt
Ma	ailing Address 2408 Oak Canyon Pl			07 30 YYYY 2009
Cit	•	State	Zip Code	Transaction ID: C761821
FE	scondido EC ID number of contributing deral political committee.	CA	92025-6743	Amount of Each Receipt this Period 367.64
Na Dr	ame of Employer r. Jaime B Rivas	Occupatio Emerger	n ncy Physician	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 463.64	
SUB	TOTAL of Receipts This Page (optional)			534.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 323 / 4 / 4 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	tical Action Com	nmittee	
Full Name (Last, First, Middle Initial) Jaime B B Rivas			Date of Receipt
Mailing Address 2408 Oak Canyon	PI		11 19 2009
City Escondido	State CA	Zip Code 92025-6743	Transaction ID: C807926 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	02020 0740	96.00
Name of Employer Dr. Jaime B Rivas	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 463.64	
Full Name (Last, First, Middle Initial) Jamil F Rizgalla			Date of Receipt
Mailing Address 557 AVALON GAR	RDENS DR.		09 02 2009
City NANUET	State NY	Zip Code 10954-7444	Transaction ID: C776070
FEC ID number of contributing federal political committee.	C	10334-7444	Amount of Each Receipt this Period 250.00
Name of Employer EMA	Occupation	n ENCY PHYSICIAN	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Sam S S Roberts, III			Date of Receipt
Mailing Address 6300 La Calma Dr	Ste 200		07 02 2009
City Austin	State TX	Zip Code 78752-3825	Transaction ID: C746982
FEC ID number of contributing federal political committee.	C	70732-3023	Amount of Each Receipt this Period
Name of Employer Emer Svc Partners LP	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	-D		446.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 324 / 474 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	g the name and addr	ess of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sam S S Roberts, III Mailing Address 6300 La Calma Dr	Ste 200		Date of Receipt
City Austin	State TX	Zip Code 78752-3825	Transaction ID: C789509 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		900.00
Name of Employer Emer Svc Partners LP Receipt For: Primary General Other (specify) ▼		y Physician /ear-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Paul F F Robinson Mailing Address 6 Woodberry Ct			Date of Receipt 1 0 0 6 2 0 0 9
City	State	Zip Code	Transaction ID: C789478
Little Rock	AR	72212-2740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer EM/Urgent Care Inc		y Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Frederick A A Robley			Date of Receipt
Mailing Address 10705 Woodridder	n St		07 22 2009
City	State	Zip Code	Transaction ID: C760000
Oklahoma City FEC ID number of contributing federal political committee.	OK C	73170-3204	Amount of Each Receipt this Period 250.00
Name of Employer Grady Mem Hosp	Occupation Emergenc	y Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		2150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 325 / 474 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)			
Mailing Address 6161 S Yale			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Tulsa	State OK	Zip Code 74136-1902	Transaction ID: C764169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer University Oklahoma	Occupation Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Carol Rogala Mailing Address 26110 Charmanage	10+		Date of Receipt
Mailing Address 36110 Cherrywood		7.0.	10 04 2009
City Yucaipa	State CA	Zip Code 92399-5721	Transaction ID: C787832
FEC ID number of contributing federal political committee.	C	92399-0721	Amount of Each Receipt this Period 150.00
Name of Employer Dr. Carol Rogala	Occupation Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Brian G G Rogers			Date of Receipt
Mailing Address 21993 Deer Park D	Or		07 28 2009
City	State	Zip Code	Transaction ID: C761217
Chugiak FEC ID number of contributing federal political committee.	C	99567-5326	Amount of Each Receipt this Period 100.00
Name of Employer Dr. Brian G Rogers	Occupation Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (options	al)		350.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 326 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) National Emergency Medicine Po	and Statements may not be sold or used by any personing the name and address of any political committee to political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian G G Rogers Mailing Address 21993 Deer Park City Chugiak FEC ID number of contributing federal political committee. Name of Employer Dr. Brian G Rogers Receipt For: Primary General	State Zip Code AK 99567-5326 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C764031 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Todd A A Rogers Mailing Address 102 Craborchard City Chapel Hill FEC ID number of contributing federal political committee. Name of Employer Durham Emer Phys PA Receipt For: Primary General	State Zip Code NC 27514-9553 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Christopher T T Rores Mailing Address 3589 Rocky Ridg City Sparks FEC ID number of contributing federal political committee. Name of Employer Reno Emer Phys Receipt For: Primary General Other (specify)	250.00 State Zip Code NV 89431-1303 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	onal)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 327 / 474 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James W W Rosbrugh, Jr Mailing Address 13112 King Palm Ct City Bakersfield FEC ID number of contributing federal political committee. Name of Employer CCEMP Receipt For: Primary General Other (specify)		Zip Code 93314-6529 on ncy Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 8 25 2009 Transaction ID: C770786 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) James W W Rosbrugh, Jr Mailing Address 13112 King Palm Ct City Bakersfield FEC ID number of contributing federal political committee. Name of Employer CCEMP Receipt For: Primary General Other (specify)	, ' -	Zip Code 93314-6529 In note Physician Year-to-Date ▼ 350.00	Date of Receipt M M M O D D O 2 2009 Transaction ID: C776077 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Atilio R R Roscher Mailing Address 3813 County Club Rd City Easton FEC ID number of contributing federal political committee. Name of Employer Hillcrest Emer Serv Receipt For: Primary General Other (specify)	,	Zip Code 18045-2914 In noy Physician Payear-to-Date 500.00	Date of Receipt M M M / D D M 2 3 2 0 0 9 Transaction ID: C760129 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	ı		850.00

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 Full Name (Last, First, Middle Initial) Alexander Max Max Rosenau Mailing Address PO Box 689 JDMCC S City Allentown FEC ID number of contributing federal political committee. Name of Employer Lehigh Valley Hosp Receipt For: Primary General	name and address of any political committee to selection Committee	Date of Receipt Date of Receipt
Alexander Max Max Rosenau Mailing Address PO Box 689 JDMCC S City Allentown FEC ID number of contributing federal political committee. Name of Employer Lehigh Valley Hosp Receipt For:	State Zip Code PA 18105-1556 C Occupation Emergency Physician Aggregate Year-to-Date 1250.00	Transaction ID: C773684 Amount of Each Receipt this Period 250.00
Allentown FEC ID number of contributing federal political committee. Name of Employer Lehigh Valley Hosp Receipt For:	PA 18105-1556 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 1250.00	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. Name of Employer Lehigh Valley Hosp Receipt For:	Occupation Emergency Physician Aggregate Year-to-Date ▼	250.00
Receipt For:	Emergency Physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt
Other (specify) ▼		Date of Receipt
Full Name (Last, First, Middle Initial) Alexander Max Max Rosenau Mailing Address PO Box 689 JDMCC S	te 214	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: C810209
Allentown	PA 18105-1556	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 ▼ 1250.00	
Full Name (Last, First, Middle Initial) Yoav Rosenblat		Date of Receipt
Mailing Address 15 kinzel lane		09 30 7 9 9
City	State Zip Code	Transaction ID: C785550
west orange	NJ 07052-2171	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Emergency Medicine Associ- ates	Occupation Emergency Medicine physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·····	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 329 / 474 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to call Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Robert Craig Craig Rosenbloom Mailing Address PO Box 5101		Date of Receipt
City Culver City FEC ID number of contributing	State Zip Code CA 90231-5101	Transaction ID: C761708 Amount of Each Receipt this Period
federal political committee. Name of Employer California Emer Phys Receipt For: Primary General	Occupation Emergency Physician Aggregate Year-to-Date	250.00
Full Name (Last, First, Middle Initial) Robert Craig Craig Rosenbloom Mailing Address PO Box 5101	1593.64	Date of Receipt 0 7 3 0 7 2 0 0 9
City Culver City FEC ID number of contributing federal political committee.	State Zip Code CA 90231-5101 C Occupation	Transaction ID: C761853 Amount of Each Receipt this Period 367.64
Name of Employer California Emer Phys Receipt For: Primary General Other (specify) ▼	Emergency Physician Aggregate Year-to-Date 1593.64	
Full Name (Last, First, Middle Initial) Robert Craig Craig Rosenbloom Mailing Address PO Box 5101		Date of Receipt 10 03 2009
City Culver City FEC ID number of contributing federal political committee.	State Zip Code CA 90231-5101 C	Transaction ID: C802045 Amount of Each Receipt this Period 380.00
Name of Employer California Emer Phys Receipt For: Primary General	Occupation Emergency Physician Aggregate Year-to-Date ▼	1
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	997.64

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 330 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	and Statements may not be sold or used by any person g the name and address of any political committee to itical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Craig Craig Rosenbloom Mailing Address PO Box 5101 City Culver City FEC ID number of contributing federal political committee. Name of Employer California Emer Phys Receipt For: Primary General Other (specify)	State Zip Code CA 90231-5101 C Occupation Emergency Physician Aggregate Year-to-Date 1593.64	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David William William Ross Mailing Address 15340 Raton Rd City Colorado Spgs FEC ID number of contributing federal political committee. Name of Employer Front EM Specialties Inc Receipt For: Primary General	State Zip Code CO 80921-2140 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David William William Ross Mailing Address 15340 Raton Rd City Colorado Spgs FEC ID number of contributing federal political committee. Name of Employer Front EM Specialties Inc Receipt For: Primary General	State Zip Code CO 80921-2140 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ SUBTOTAL of Receipts This Page (option	al)	596.00

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 r the name and addre	not be sold or used by any person	on for the nurpose of soliciting contributions
	cal Action Comr		solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert J J Rothstein Mailing Address 8600 Old Georgetov	vn Rd		Date of Receipt
City Bethesda	State MD	Zip Code 20814-1422	Transaction ID: C759995 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2500.00
Name of Employer Suburban Hosp ED Receipt For: Primary General Other (specify) ▼	_ ' ' _ `	y Physician Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Robert J J Rothstein Mailing Address 8600 Old Georgetov	vn Rd		Date of Receipt 10 15 2009
City	State	Zip Code	Transaction ID: C792244
Bethesda FEC ID number of contributing federal political committee.	MD C	20814-1422	Amount of Each Receipt this Period 2500.00
Name of Employer Suburban Hosp ED	Occupation Emergency	y Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 5000.00]
Full Name (Last, First, Middle Initial) Noelle Ann Ann Rotondo Mailing Address 609 Southridge Dr			Date of Receipt
City	State	Zip Code	1 0 0 6 2 0 0 9 Transaction ID: C789524
<u>Mechanicsburg</u>	PA	17055-6056	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer York Hosp ED	Occupation Emergency	y Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		5250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 332 / 474 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Com	mittee	
Full Name (Last, First, Middle Initial) Jonathan Samuel Samuel Rubens			Date of Receipt
Mailing Address 2 Stone Rdg Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C778575
<u>Jamestown</u>	NC	27282-8750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Regl Emer Phys PA	Occupation	cy Physician	
Receipt For:		Year-to-Date $lacktrian$	-
Primary General Other (specify) ▼	Aggregate	350.00	
Full Name (Last, First, Middle Initial) Raymond Remo Remo Rudoni	<u> </u>		Date of Receipt
Mailing Address 401 S Ballenger Hwy			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: C802068
<u>Flint</u>	MI	48532-3638	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Emer Med Specialists PC	Occupation Emergen	oy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Sebastian A A Rueckert			Date of Receipt
Mailing Address 170 Dielman Rd			10 03 2009
City	State	Zip Code	Transaction ID: C802059
Saint Louis	MO	63124-1705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Christian Hosp	Occupation Emergen	oy Physician	
Receipt For: Primary General Other (specify) ▼	_ '	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 333 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any peng the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
National Emergency Medicine Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dino Peter Peter Rumoro		Date of Receipt
Mailing Address 26 W 381 Glen E	agles Dr	10 06 2009
City	State Zip Code	Transaction ID: C789522
Winfield	IL 60190-2313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rush Univ Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) John A A Russ, III	L	Date of Receipt
Mailing Address 5500 Larchwood	Lane	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: C770005
Toledo	OH 43614-1249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Premier Health Care Servi- ces	Occupation MD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Anil J J Sahijwani	L	Date of Receipt
Mailing Address 2514 Wildlife Run	1	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: C769946
Lutz	FL 33559-7389	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Tampa Bay Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	
SUBTOTAL of Receipts This Page (optio	nal)	2250.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 334 / 474 (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
∠ 4 .	Full Name (Last, First, Middle Initial) Anil J J Sahijwani			Date of Receipt
	Mailing Address 2514 Wildlife Run			08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Lutz	State FL	Zip Code 33559-7389	Transaction ID: C775358
	FEC ID number of contributing federal political committee.	C	33339-7309	Amount of Each Receipt this Period -1000.00
	Name of Employer Tampa Bay Emer Phys	Occupation Emergen	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
- 3.	Full Name (Last, First, Middle Initial) Andrew Sama Mailing Address 253 Dover Rd	1		Date of Receipt
				09 24 2009
	City	State NY	Zip Code	Transaction ID: C782534
	Manhasset FEC ID number of contributing federal political committee.	C	11030-3709	Amount of Each Receipt this Period 84.00
	Name of Employer North Shore Univ Hosp	Occupation Emergen	n acy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 669.36	
. –	Full Name (Last, First, Middle Initial) Andrew Sama	L		Date of Receipt
	Mailing Address 253 Dover Rd			09 29 2009
	City	State	Zip Code	Transaction ID: C785546
	Manhasset	NY	11030-3709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer North Shore Univ Hosp	+ +	icy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 669.36	
	SUBTOTAL of Receipts This Page (optional)			-832.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 335 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Andrew Sama Mailing Address 253 Dover Rd City Manhasset FEC ID number of contributing federal political committee. Name of Employer North Shore Univ Hosp Receipt For: Primary General Other (specify)	State Zip Code NY 11030-3709 C Occupation Emergency Physician Aggregate Year-to-Date 669.36	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Andrew Sama Mailing Address 253 Dover Rd City Manhasset FEC ID number of contributing federal political committee. Name of Employer North Shore Univ Hosp Receipt For: Primary General Other (specify)	State Zip Code NY 11030-3709 C Occupation Emergency Physician Aggregate Year-to-Date 669.36	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Andrew Sama Mailing Address 253 Dover Rd City Manhasset FEC ID number of contributing federal political committee. Name of Employer North Shore Univ Hosp Receipt For: Primary General Other (specify)	State Zip Code NY 11030-3709 C Occupation Emergency Physician Aggregate Year-to-Date 669.36	Date of Receipt M M / 24 / 2009 Transaction ID: C808767 Amount of Each Receipt this Period 84.00
SUBTOTAL of Receipts This Page (optional)	•	84.00

R LINE NUMBER: PAGE 336 / 474 ck only one) 11a 11b 11c 12 13 14 15 16 11
ne purpose of soliciting contributions contributions from such committee.
Date of Receipt
12 24 2009
ransaction ID: C820052
84.00
Date of Receipt
07 30 2009
ransaction ID: C761811
Amount of Each Receipt this Period
367.64
Date of Receipt
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ransaction ID: C807773
Amount of Each Receipt this Period
96.00
547.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 337 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joshua D D Sarett Mailing Address 14300 Black Farms R City Huntersville FEC ID number of contributing federal political committee. Name of Employer Mid-Atlantic Emerg Med Assoc Receipt For: Primary General Other (specify)	State Zip Code NC 28078-9257 C Occupation Emergency Physician Aggregate Year-to-Date 204.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joshua D D Sarett Mailing Address 14300 Black Farms R City Huntersville FEC ID number of contributing federal political committee. Name of Employer Mid-Atlantic Emerg Med Assoc Receipt For: Primary General	State Zip Code NC 28078-9257 C Occupation Emergency Physician Aggregate Year-to-Date 204.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joshua D D Sarett Mailing Address 14300 Black Farms R City Huntersville FEC ID number of contributing federal political committee. Name of Employer Mid-Atlantic Emerg Med Assoc Receipt For: Primary General	0 0 0 0 0 0 0 0	Date of Receipt M M M / D D / Y Y Y Y Y 0 9 3 0 2 0 0 9 Transaction ID: C787072 Amount of Each Receipt this Period 17.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) .	0 0 0 0 0 0 0 0	51.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 338 / 474 (check only one) X	
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Joshua D D Sarett			Date of Receipt	
Mailing Address 14300 Black Farms City		Zin Codo	12 31 2009	
Huntersville	State NC	Zip Code 28078-9257	Transaction ID: C848310 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20070 0207	17.00	
Name of Employer Mid-Atlantic Emerg Med As- soc	Occupatio Emerger	n acy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00		
Full Name (Last, First, Middle Initial) Joshua D D Sarett Mailing Address 14300 Black Farms	. Rd		Date of Receipt	
City	State	Zip Code	Transaction ID: C848311	
Huntersville	NC	28078-9257	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		17.00	
Name of Employer Mid-Atlantic Emerg Med As- soc	Occupatio Emerger	n ncy Physician		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼		204.00		
Full Name (Last, First, Middle Initial) Joshua D D Sarett	'		Date of Receipt	
Mailing Address 14300 Black Farms	s Rd		12 31 2009	
City	State	Zip Code	Transaction ID: C848312	
Huntersville	NC	28078-9257	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		17.00	
Name of Employer Mid-Atlantic Emerg Med As- soc		ncy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00		
			51.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
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 o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Con	nmittee	
Full Name (Last, First, Middle Initial) Thomas L L Schaar			Date of Receipt
Mailing Address 1318 Gasparilla Dr			08 05 2009
City	State	Zip Code	Transaction ID: C776700
Ft Myers FEC ID number of contributing federal political committee.	C	33901-7712	Amount of Each Receipt this Period 400.00
Name of Employer S Gulf Coast Emer Phys	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Thomas L L Schaar			Date of Receipt
Mailing Address 1318 Gasparilla Dr			0 9 2 9 2 0 0 9
City Ft Myers	State FL	Zip Code 33901-7712	Transaction ID: C785515
FEC ID number of contributing federal political committee.	C	33901-7712	Amount of Each Receipt this Period 400.00
Name of Employer S Gulf Coast Emer Phys	Occupatio	n ncy Physician	
Receipt For:	_'	e Year-to-Date ▼	
Primary General Other (specify) ▼		800.00	
Full Name (Last, First, Middle Initial) Robert W W Schafermeyer			Date of Receipt
Mailing Address 1000 Blythe Blvd-PO	Box 32861		07 28 2009
City	State	Zip Code	Transaction ID: C761233
Charlotte	NC	28232-2861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer CMC	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>)	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 340 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dean E E Schanen Mailing Address 41 Tiburon St City The Hills FEC ID number of contributing federal political committee. Name of Employer Dr. Dean E Schanen Receipt For: Primary General Other (specify)	State Zip Code TX 78738 C Occupation Emergency Physician Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C761005 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Frederick M M Schiavone Mailing Address 31 Pagnotta Dr City Port Jefferson Sta FEC ID number of contributing federal political committee. Name of Employer SUNY Stony Brook Dept EM Receipt For: Primary General Other (specify)	State Zip Code NY 11776-4454 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Frederick M M Schiavone Mailing Address 31 Pagnotta Dr City Port Jefferson Sta FEC ID number of contributing federal political committee. Name of Employer SUNY Stony Brook Dept EM Receipt For: Primary General Other (specify)	State Zip Code NY 11776-4454 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C790113 Amount of Each Receipt this Period 150.00
SUBTOTAL of Receipts This Page (optional)		350.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 341 / 474 (check only one) X 11a
or for comm	ation copied from such Reports and St nercial purposes, other than using the DF COMMITTEE (In Full) al 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.
Mike Sci Mailing City Lake F FEC ID federal p	Address 13120 Birch Rd	State MN C		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt Pr	For: rimary General ther (specify) ▼		e Year-to-Date ▼ 350.00	
Eric W V	ne (Last, First, Middle Initial) V Schmidt Address 8 Laurel St	State MA	Zip Code 01612-1238	Date of Receipt 1 2 1 7 2 0 0 9 Transaction ID: C818375 Amount of Each Receipt this Period
Name o UMass Receipt	rimary General	Occupatio physician Aggregate		1000.00
Full Nar Margare	ther (specify) me (Last, First, Middle Initial) t Beth Beth Schneider Address 300 Overhill Dr	0 0		Date of Receipt 0 8
	ng number of contributing political committee.	State CA	Zip Code 96001-0300	Transaction ID: C764043 Amount of Each Receipt this Period 500.00
Receipt	f Employer led Ctr For: rimary General ther (specify) ▼	<u> </u>	n ncy Physician e Year-to-Date ▼ 600.00	
SUBTOTA	AL 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 342 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any perso he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Margaret Beth Beth Schneider		Date of Receipt
Mailing Address 300 Overhill Dr	Out. 7. Out.	10 13 2009
City Redding	State Zip Code CA 96001-0300	Transaction ID: C791409 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Enloe Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Sandra M M Schneider		Date of Receipt
Mailing Address 601 Elmwood Ave B	ox 655	10 04 2009
City	State Zip Code	Transaction ID: C787854
Rochester	NY 14642-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer Univ of Rochester Schl of Med	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1035.00	
Full Name (Last, First, Middle Initial) John A A Schriver		Date of Receipt
Mailing Address 1415 Portland Ave S	Ste 305	07 23 7 2009
City	State Zip Code	Transaction ID: C760130
Rochester	NY 14621-3038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rochester Gen Dir Emer Sv- cs	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		385.00
TOTAL This Period (last page this line numb		

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 343 / 474 (check only one) X
Any information copied from s or for commercial purposes, o NAME OF COMMITTEE (ther than using the name and a	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ledicine Political Action Co	mmittee	
Full Name (Last, First, Mid Michael C Schuett	,		Date of Receipt
	lcon Hills Drive		08 03 2009
City <u>Highlands Ranch</u>	State CO	Zip Code 80126-2911	Transaction ID: C763159
FEC ID number of contributed rederal political committee.		00120-2911	Amount of Each Receipt this Period 500.00
Name of Employer EPPH	Occupati Emerge	on ncy Physician	
Receipt For: Primary Ge Other (specify) ▼		te Year-to-Date ▼ 500.00	
Full Name (Last, First, Mid David Charles Charles Seab Mailing Address 960 E	erg		Date of Receipt
			10 04 2009
City	State	Zip Code	Transaction ID: C787865
Chattanooga FEC ID number of contributed federal political committee.	tting C	37403-2133	Amount of Each Receipt this Period 250.00
Name of Employer Univ TN Colg of Med-Dear Ofc	Occupati Emerge	on ncy Physician	
Receipt For: Primary Ge Other (specify) ▼	Aggregati neral	te Year-to-Date 250.00	
Full Name (Last, First, Mid Wade N N Sears	dle Initial)		Date of Receipt
Mailing Address 7004 V	ia Locanda Ave		10 06 2009
City	State	Zip Code	Transaction ID: C789510
Las Vegas FEC ID number of contributed federal political committee.	nting NV	89131-0114	Amount of Each Receipt this Period 250.00
Name of Employer Fremont Emergency Service	Occupation Emerge	on ncy Physician	
Receipt For: Primary Ge Other (specify) ▼	Aggregat	te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	Page (optional)		1000.00
	e this line number only)	<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 344 / 474 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and 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) Timothy Seay			Date of Receipt
	Mailing Address 211 Highland Cross St		7. 0.1.	10 04 2009
	City Houston	State TX	Zip Code 77073-1741	Transaction ID: C787831 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77070 1741	250.00
	Name of Employer Greater Houston Emer Phys	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 B.	Full Name (Last, First, Middle Initial) A Duane Selman Mailing Address PO Box 15100			Date of Receipt
				07 30 2009
	City Ft Worth	State TX	Zip Code 76119-0100	Transaction ID: C761747
	FEC ID number of contributing federal political committee.	C	70119-0100	Amount of Each Receipt this Period 250.00
	Name of Employer North Hills Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
_	Full Name (Last, First, Middle Initial) Ira L L Sender			Date of Receipt
	Mailing Address 4230 N Highland Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C761242
	Arlington Hts FEC ID number of contributing federal political committee.	C	60004-1397	Amount of Each Receipt this Period 500.00
	Name of Employer Elmhurst Emerg Med Svc	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 345 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persor ne name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Gregory L L Shangold		Date of Receipt
Mailing Address 66 Beacon Hill Dr	Ctata 7in Cada	10 03 2009
City <u>Storrs</u>	State Zip Code CT 06268-2756	Transaction ID: C802020 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Windham Hosp	Occupation Emergency Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.35	
Full Name (Last, First, Middle Initial) Gregory L L Shangold		Date of Receipt
Mailing Address 66 Beacon Hill Dr		1 1 3 0 Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C810235
Storrs	CT 06268-2756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Windham Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 583.35	
Full Name (Last, First, Middle Initial) Gregory L L Shangold		Date of Receipt
Mailing Address 66 Beacon Hill Dr		12 31 2009
City	State Zip Code	Transaction ID: C839093
Storrs	CT 06268-2756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Windham Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	583.35	
SUPTOTAL of Possints This Page (entional)		249.99
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 346 / 474 (check only one) X
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	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) Richard D Shih Mailing Address 38 Revere 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 Bedminster	State NJ	Zip Code 07921-1800	Transaction ID: C775349 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0,021,1000	700.00
	Name of Employer Emergency Medical Associa- tes Receipt For: Primary General Other (specify)	Occupation Physicial Aggregate		
3.	Full Name (Last, First, Middle Initial) Joshua H H Short Mailing Address 720 Cramer Ave	1		Date of Receipt 0 7 2 8 2 0 0 9
	City	State	Zip Code	Transaction ID: C761238
	Lexington FEC ID number of contributing federal political committee.	C	40502-1412	Amount of Each Receipt this Period 500.00
	Name of Employer Univ of KY - Lexington	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Steven Roy Roy Shroyer Mailing Address 99 Senero Verde	1		Date of Receipt
	City	State	Zip Code	0 7 1 7 2 0 0 9 Transaction ID: C754969
	San Antonio	TX	78261-2306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer EMANON	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
s	SUBTOTAL of Receipts This Page (optional)	1		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 347 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	al Action Committee	
Full Name (Last, First, Middle Initial) David M M Siegel		Date of Receipt
Mailing Address 10 Hilltop Terr N	State Zip Code	0 9 1 1 2 0 0 9 2 0 0 9
City Red Bank	NJ 07701-2417	Transaction ID: C778500 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dr. David M Siegel	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) David M M Siegel		Date of Receipt
Mailing Address 10 Hilltop Terr N		10 13 7 9 9
City	State Zip Code	Transaction ID: C791386
Red Bank FEC ID number of contributing federal political committee.	NJ 07701-2417	Amount of Each Receipt this Period 600.00
Name of Employer Dr. David M Siegel	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Harvey Neal Neal Sievers		Date of Receipt
Mailing Address 6059 S Madison St		07 08 2009
City	State Zip Code	Transaction ID: C747917
Burr Ridge FEC ID number of contributing federal political committee.	IL 60527-5166	Amount of Each Receipt this Period 250.00
Name of Employer Glen Oaks Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1100.00
TOTAL This Period (last page this line number	<u> </u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 348 / 474 (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 Political	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Jonathan E E Siff Mailing Address 2500 MetroHealth Dr F	RM B63-53		Date of Receipt
	City Cleveland	State OH	Zip Code 44109-1900	1 0 2 4 2 0 0 9 Transaction ID: C796666
	FEC ID number of contributing federal political committee.	C	44109-1900	Amount of Each Receipt this Period 250.00
	Name of Employer Metro Health Med Ctr ED Receipt For: Primary General Other (specify) ▼		on ncy Physician e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Michael Adam Adam Silverman Mailing Address 2 Montrose Ave			Date of Receipt 0 7 2 1 2 0 0 9
	City	State	Zip Code	Transaction ID: C759432
	Catonsville FEC ID number of contributing federal political committee.	C	21228-5607	Amount of Each Receipt this Period
	Name of Employer Harbor Hosp	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Diane M M Sixsmith			Date of Receipt
	Mailing Address 5645 Main St Apt 9C			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: C754958
	Flushing FEC ID number of contributing federal political committee.	C	11355-5045	Amount of Each Receipt this Period 250.00
	Name of Employer New York Hosp Med Ctr ED	Occupatio	on ncy Physician	
	Receipt For: Primary General Other (specify)	. '	e Year-to-Date ▼ 250.00	
Ę	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 349 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11
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
∠ A .	Full Name (Last, First, Middle Initial) Vida R M Skandalakis Mailing Address 55 Honour Ave			Date of Receipt
	City Atlanta	State GA	Zip Code 30305-1119	Transaction ID: C765390 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Northside Emer Assoc Receipt For: Primary General Other (specify)	, i	ncy Physician e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Vida R M Skandalakis Mailing Address 55 Honour Ave			Date of Receipt 1 0 0 6 2 0 0 9
	City	State	Zip Code	Transaction ID: C789531
	Atlanta FEC ID number of contributing federal political committee.	GA	30305-1119	Amount of Each Receipt this Period 150.00
	Name of Employer Northside Emer Assoc	, ·	ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_ :.	Full Name (Last, First, Middle Initial) Chester Skiba, Jr			Date of Receipt
	Mailing Address 18 Gentry Dr			08 02 2009
	City Long VIy	State NJ	Zip Code	Transaction ID: C762957
	FEC ID number of contributing federal political committee.	C	07853-3604	Amount of Each Receipt this Period
	Name of Employer Dr. Chester Skiba, Jr	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
Ę	SUBTOTAL of Receipts This Page (optional) .			350.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 350 / 474 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Cor	nmittee	
۸.	Full Name (Last, First, Middle Initial) John Skiendzielewski			Date of Receipt
	Mailing Address 1325 Red Ln City	State	Zip Code	10 19 2009 Transaction ID: C793999
	Danville	PA	17821-8416	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Geisinger Med Ctr	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) John T T Skowronski Mailing Address 1619 Louisiana St	1		Date of Receipt
	Mailing Address 1619 Louisiana St			10 27 2009
	City	State	Zip Code	Transaction ID: C797386
	Little Rock	AR	72206-1429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AR Doctors Emerg Gp Inc	, ' 	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) John M M Skrzypczak			Date of Receipt
	Mailing Address 44 Crosby Rd			07 22 2009
	City	State	Zip Code	Transaction ID: C760005
	Ashburnham	MA	01430-1322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bay State Emergency Medic- al	- ·	ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
		1		1250.00

Any information copied from surprises of the commercial purposes of		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In	er than using the name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
National Emergency Me	edicine Political Action Con	nmittee	
Full Name (Last, First, Midd Mark Slabinski	le Initial)		Date of Receipt
	ncy Medicine Physicians essler Rd NW		09 10 2009
City	State	Zip Code	Transaction ID: C778393
Canton	OH_	44718	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		1000.00
Name of Employer EMP	Occupation Physicia		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary Gen Other (specify) ▼	eral	1000.00]
Full Name (Last, First, Midd Jeanne L Slade	le Initial)		Date of Receipt
Mailing Address 6429 Ge	eorgetown Pike		07 30 2009
City	State	Zip Code	Transaction ID: C761793
<u>McLean</u>	VA	22101-2211	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		1102.93
Name of Employer Ms. Jeanne L Slade	Occupation Emerger	n ncy Physician	
Receipt For:	55 5	e Year-to-Date ▼	
Primary Gen Other (specify) ▼	eral	0.00	
Full Name (Last, First, Midd Jeanne L Slade	e Initial)		Date of Receipt
Mailing Address 6429 Ge	eorgetown Pike		0 9 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C776655
McLean	VA	22101-2211	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		-1102.93
Name of Employer Ms. Jeanne L Slade	Occupation Emerger	n ncy Physician	
Receipt For: Primary Gen Other (specify) ▼		e Year-to-Date ▼ 0.00	
SUBTOTAL of Receipts This	Page (optional)		1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 352 / 474 (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	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Todd Slesinger Mailing Address 427 Daub Ave City Hewlett FEC ID number of contributing federal political committee. Name of Employer	State NY C	Zip Code 11557-1136	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Name of Employer North Shore Univ Hosp Receipt For: Primary General Other (specify)	Emerger	ncy Physician e Year-to-Date ▼ 950.01]
3.	Full Name (Last, First, Middle Initial) Todd Slesinger Mailing Address 427 Daub Ave City	State	Zip Code	Date of Receipt M M
	Hewlett FEC ID number of contributing federal political committee. Name of Employer	NY C Occupation	11557-1136	Amount of Each Receipt this Period 83.33
	North Shore Univ Hosp Receipt For: Primary General Other (specify)	, ' <u> </u>	ncy Physician e Year-to-Date ▼ 950.01	
).	Full Name (Last, First, Middle Initial) Todd Slesinger Mailing Address 427 Daub Ave			Date of Receipt 0 9 2 8 2 0 0 9
	City	State	Zip Code	Transaction ID: C785403
	Hewlett FEC ID number of contributing federal political committee.	C	11557-1136	Amount of Each Receipt this Period 83.37
	Name of Employer North Shore Univ Hosp	Occupation	on ncy Physician	
	Receipt For: Primary General Other (specify)	, ' 	e Year-to-Date ▼ 950.01	
(SUBTOTAL of Receipts This Page (optional))	250.03

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 353 / 474 (check only one) X	
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and ado	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Todd Slesinger			Date of Receipt	
Mailing Address 427 Daub Ave City	State	Zip Code	Transaction ID: C810215	
Hewlett FEC ID number of contributing federal political committee.	C	11557-1136	Amount of Each Receipt this Period 100.00	
Name of Employer North Shore Univ Hosp		cy Physician	_	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 950.01]	
Full Name (Last, First, Middle Initial) Todd Slesinger Mailing Address 427 Daub Ave			Date of Receipt 1 2 3 1 2 0 0 9	
City	City State Zip Code			
<u>Hewlett</u>	NY	11557-1136	Transaction ID: C839110 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer North Shore Univ Hosp		cy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 950.01		
Full Name (Last, First, Middle Initial) Erik Sloan			Date of Receipt	
Mailing Address 2719 N Janssen Av	/e		08 10 2009	
City	State	Zip Code	Transaction ID: C765392	
Chicago	<u>IL</u>	60614-1132	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer Central DuPage Hosp		cy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00		
SUBTOTAL of Receipts This Page (optional	al)		300.00	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 354 / 474 (check only one) X
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Stephen A A Small Mailing Address 721 Templeton Ave City Charlotte FEC ID number of contributing federal political committee. Name of Employer Mid-Atlantic Emer Phys Receipt For: Primary General Other (specify)	, ' 	Zip Code 28203-4554 n cy Physician Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ B.	Full Name (Last, First, Middle Initial) Stephen A A Small Mailing Address 721 Templeton Ave City Charlotte FEC ID number of contributing federal political committee. Name of Employer Mid-Atlantic Emer Phys Receipt For: Primary General Other (specify)	, '	Zip Code 28203-4554 n cy Physician Year-to-Date 204.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Stephen A A Small Mailing Address 721 Templeton Ave City Charlotte FEC ID number of contributing federal political committee. Name of Employer Mid-Atlantic Emer Phys Receipt For: Primary General Other (specify)		Zip Code 28203-4554 n cy Physician Year-to-Date ▼ 204.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of			51.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 355 / 474 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Stephen A A Small Mailing Address 721 Templeton Ave			Date of Receipt 1 2 3 1 2 0 0 9
City Charlotte FEC ID number of contributing federal political committee.	State NC	Zip Code 28203-4554	Transaction ID: C848345 Amount of Each Receipt this Period 17.00
Name of Employer Mid-Atlantic Emer Phys Receipt For: Primary Other (specify) ▼		n ncy Physician e Year-to-Date ▼ 204.00	
Full Name (Last, First, Middle Initial) Stephen A A Small Mailing Address 721 Templeton Ave			Date of Receipt 1 2 3 1 2 0 0 9
City Charlotte FEC ID number of contributing federal political committee.	State NC	Zip Code 28203-4554	Transaction ID: C848346 Amount of Each Receipt this Period 17.00
Name of Employer Mid-Atlantic Emer Phys Receipt For: Primary General Other (specify)		n ncy Physician e Year-to-Date ▼ 204.00	
Full Name (Last, First, Middle Initial) Stephen A A Small Mailing Address 721 Templeton Ave			Date of Receipt
City Charlotte FEC ID number of contributing federal political committee.	State NC	Zip Code 28203-4554	Transaction ID: C848347 Amount of Each Receipt this Period 17.00
Name of Employer Mid-Atlantic Emer Phys Receipt For: Primary General Other (specify) ▼	_ , ' 	n ncy Physician e Year-to-Date ▼ 204.00	
SUBTOTAL of Receipts This Page (optional)		51.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 356 / 474 (check only one) X
or for cor	mation copied from such Reports and St mmercial purposes, other than using the E OF COMMITTEE (In Full) onal 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.
Mailin City Whe FEC federa	lame (Last, First, Middle Initial) W W Smaltz Ig Address 10 St Charles Ave Beling ID number of contributing al political committee. Be of Employer eling Hosp	State WV C Occupatio Emerger	Zip Code 26003-9382 n ncy Physician	Date of Receipt M M M / D D / Y Y Y Y Y O 7 3 0 2 0 0 9 Transaction ID: C761736 Amount of Each Receipt this Period 100.00
	pt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1200.00	
Mailin City	lame (Last, First, Middle Initial) W W Smaltz g Address 10 St Charles Ave	State WV	Zip Code 26003-9382	Date of Receipt M M
FEC federa Name Whee	ID number of contributing all political committee. e of Employer eling Hosp	Occupatio Emerger		100.00
Full N	Primary General Other (specify) ▼ Iame (Last, First, Middle Initial) W W Smaltz		1200.00	Date of Receipt
Mailin City Whe	g Address 10 St Charles Ave seling ID number of contributing	State WV	Zip Code 26003-9382	Transaction ID: C785388 Amount of Each Receipt this Period 100.00
Name Whee	al political committee. e of Employer eling Hosp	Occupatio	n ncy Physician	
	pt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1200.00	
SUBTO	TAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 357 / 474 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Virgil W W Smaltz Mailing Address 10 St Charles Ave City Wheeling	State WV	Zip Code 26003-9382	Date of Receipt 10 29 2009 Transaction ID: C798604 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Wheeling Hosp Receipt For: Primary General Other (specify)		n ncy Physician e Year-to-Date ▼	100.00
Full Name (Last, First, Middle Initial) Virgil W W Smaltz Mailing Address 10 St Charles Ave City Wheeling FEC ID number of contributing federal political committee. Name of Employer Wheeling Hosp Receipt For: Primary General Other (specify)		Zip Code 26003-9382 n ncy Physician e Year-to-Date ▼ 1200.00	Date of Receipt M M M / B B / Y Y Y Y Y 1 1 1 3 0 2 0 0 9 Transaction ID: C810207 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Virgil W W Smaltz Mailing Address 10 St Charles Ave City Wheeling FEC ID number of contributing federal political committee. Name of Employer Wheeling Hosp Receipt For: Primary General Other (specify)	_ , '	Zip Code 26003-9382 n ncy Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 358 / 474 (check only one) X	
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	the name and add	dress of any political committee to	on for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) Daniel C C Smith Mailing Address 7347 Maka'a St			Date of Receipt	
City Honolulu	State HI	Zip Code 96825-3108	Transaction ID: C749609 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer The Emer Grp Receipt For: Primary Other (specify) ▼		n icy Physician • Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) David Alan Alan Smith Mailing Address 1250 E Almond Ave	e		Date of Receipt 0 7 3 0 2 0 0 9	
City	City State Zip Code			
<u>Madera</u>	CA	93637-5606	Transaction ID: C761861 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		367.64	
Name of Employer Madera Cmnty Hosp - ED Dir		cy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 463.64		
Full Name (Last, First, Middle Initial) David Alan Alan Smith	1		Date of Receipt	
Mailing Address 1250 E Almond Ave	Э		11 19 2009	
City	State	Zip Code	Transaction ID: C807842	
Madera FEC ID number of contributing federal political committee.	CA	93637-5606	Amount of Each Receipt this Period 96.00	
Name of Employer Madera Cmnty Hosp - ED Dir	Occupatio Emerger	n Icy Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 463.64		
SUBTOTAL of Receipts This Page (optional	1)		963.64	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 359 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Michael D D Smith Mailing Address 6970 Crystal Crk Dr		Date of Receipt
City	State Zip Code	1 0 0 3 2 0 0 9 Transaction ID: C802037
Brecksville	OH 44141-2174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MetroHealth Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Amy Jill Jill Snover		Date of Receipt
Mailing Address 100 Rhoads Hill Rd		10 08 7 2009
City	State Zip Code	Transaction ID: C790770
<u>Danville</u>	PA 17821-9327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Geisinger Med Ctr ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Peter Erik Erik Sokolove		Date of Receipt
Mailing Address 3889 Exmoor Cir		09 / 22 / 2009
City	State Zip Code	Transaction ID: C782321
Sacramento	CA 95864-5904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Univ of CA - Davis	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 360 / 474 (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 NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	d Statements may not be sold or used by any person the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert C C Solomon		Date of Receipt
Mailing Address 108 Saddle Rdg		07 30 2009
City	State Zip Code	Transaction ID: C761768
<u>Oakdale</u>	PA 15071-3726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Steel Vly Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Robert C C Solomon		Date of Receipt
Mailing Address 108 Saddle Rdg		08 28 2009
City	State Zip Code	Transaction ID: C773668
<u>Oakdale</u>	PA 15071-3726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Steel Vly Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Robert C C Solomon		Date of Receipt
Mailing Address 108 Saddle Rdg		09 / 28 / Y Y Y Y Y Y
City Oakdale	State Zip Code PA 15071-3726	Transaction ID: C785402
·		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.37
Name of Employer Steel Vly Emer Phys	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)b	250.03

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 361 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	nd Statements may not be sold or used by any person the name and address of any political committee to tical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert C C Solomon Mailing Address 108 Saddle Rdg City Oakdale FEC ID number of contributing federal political committee. Name of Employer Steel Vly Emer Phys Receipt For: Primary General Other (specify)	State Zip Code PA 15071-3726 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: C787876 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Robert C C Solomon Mailing Address 108 Saddle Rdg City Oakdale FEC ID number of contributing federal political committee. Name of Employer Steel Vly Emer Phys Receipt For:	State Zip Code PA 15071-3726 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert C C Solomon Mailing Address 108 Saddle Rdg City Oakdale FEC ID number of contributing federal political committee. Name of Employer Steel Vly Emer Phys	State Zip Code PA 15071-3726 C Occupation Emergency Physician	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 General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 1000.00	249.99

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 362 / 474 (check only one) X 11a
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	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> A.	Full Name (Last, First, Middle Initial) Annalise Sorrentino Mailing Address 1671 Oak Park Ln			Date of Receipt
	City	State AL	Zip Code	1 0 0 6 2 0 0 9 Transaction ID: C789512
	Helena FEC ID number of contributing federal political committee.	C	35080-7749	Amount of Each Receipt this Period 250.00
	Name of Employer UAB Receipt For:	, ' 	n ncy Physician e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	350.00	
3.	Full Name (Last, First, Middle Initial) Peter L L Sosnow Mailing Address 37 Dublin Dr			Date of Receipt M M
	City	State	Zip Code	Transaction ID: C766217
	Niskayuna FEC ID number of contributing federal political committee.	C	12309-1442	Amount of Each Receipt this Period 83.33
	Name of Employer Albany Meml Hosp Chairman	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 850.01	
_	Full Name (Last, First, Middle Initial) Peter L L Sosnow			Date of Receipt
	Mailing Address 37 Dublin Dr			08 28 YYYY 2009
	City	State	Zip Code	Transaction ID: C773669
	Niskayuna FEC ID number of contributing federal political committee.	NY C	12309-1442	Amount of Each Receipt this Period 83.33
	Name of Employer Albany Meml Hosp Chairman	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 850.01	
s	UBTOTAL of Receipts This Page (optional)	1		416.66

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 363 / 474 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne 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 Politic	al Action Con	nmittee	
	Full Name (Last, First, Middle Initial) Peter L L Sosnow			Date of Receipt
	Mailing Address 37 Dublin Dr			09 28 2009
	City	State	Zip Code	Transaction ID: C785394
	Niskayuna	NY	12309-1442	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.37
	Name of Employer Albany Meml Hosp Chairman	Occupation Emerger	n ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		850.01	
	Full Name (Last, First, Middle Initial) Peter L L Sosnow			Date of Receipt
	Mailing Address 37 Dublin Dr			12 03 2009
	City	State	Zip Code	Transaction ID: C811709
	Niskayuna	NY	12309-1442	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Albany Meml Hosp Chairman	Occupation Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	850.01	
	Full Name (Last, First, Middle Initial) Theodore Spangler			Date of Receipt
	Mailing Address 2573 Aylesbury St. N	IW		08 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C771172
	North Canton	OH	44720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Stark County Emergency Ph- ysicians, Inc	_, '	ncy Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify) ▼		750.00	
Г				933.37

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 364 / 474 (check only one) X 11a
Any inform or for com	nation copied from such Reports and S nmercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) nal Emergency Medicine Political	I Action Com	nmittee	
Alison	ame (Last, First, Middle Initial) Heather Heather Spear			Date of Receipt
-	g Address 11 Maple Ave		7: 0 1	07 30 2009
City Troy		State NY	Zip Code 12180-7132	Transaction ID: C761767 Amount of Each Receipt this Period
FEC II	O number of contributing political committee.	C	12.007.02	50.00
Name Albany	of Employer / Meml Hosp	Occupation Emergen	n ncy Physician	
	ot For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Alison	ame (Last, First, Middle Initial) Heather Heather Spear g Address 11 Maple Ave	1		Date of Receipt
	Address 11 Maple Ave			08 28 2009
City Trov		State NY	Zip Code	Transaction ID: C773706
FEC II	O number of contributing political committee.	C	12180-7132	Amount of Each Receipt this Period 50.00
Name Albany	of Employer / Meml Hosp	Occupation Emergen	n ncy Physician	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
	ame (Last, First, Middle Initial) Heather Heather Spear			Date of Receipt
	Address 11 Maple Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C785380
	O number of contributing political committee.	C	12180-7132	Amount of Each Receipt this Period 50.00
Name Albany	of Employer / Meml Hosp	Occupation Emergen	n ncy Physician	
	ot For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 500.00	
SUBTOT	AL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 365 / 4 / 4 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Com	nmittee	
Full Name (Last, First, Middle Initial) Alison Heather Heather Spear			Date of Receipt
Mailing Address 11 Maple Ave			10 29 2009
City Troy	State NY	Zip Code 12180-7132	Transaction ID: C798593 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Albany Meml Hosp	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mark J J Spiro			Date of Receipt
Mailing Address 832 Marisa Ln			0 7 3 0 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C761823
Encinitas FEC ID number of contributing federal political committee.	CA	92024-6647	Amount of Each Receipt this Period 367.64
Name of Employer CA Emer Phys	Occupation	n ncy Physician	
Receipt For: Primary General Other (specify)	_ '	Year-to-Date ▼ 463.64	
Full Name (Last, First, Middle Initial) Mark J J Spiro			Date of Receipt
Mailing Address 832 Marisa Ln			1 1 1 9 2 0 0 9
City Encinitas	State CA	Zip Code 92024-6647	Transaction ID: C807852 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32024-0047	96.00
Name of Employer CA Emer Phys	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 463.64	
SUBTOTAL of Receipts This Page (optional	<u> </u>		513.64

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 366 / 4 / 4 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Barry Dean Dean Spoon			Date of Receipt
Mailing Address 18565 Hwy AZ			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Willow Spgs	State MO	Zip Code 65793-7938	Transaction ID: C791385 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer St Johns St Francis Hosp	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	<u>_</u>	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Keith D D Stamler	.		Date of Receipt
Mailing Address 26811 Westvale Rd			1 1 2 5 2 0 0 9
City	State	Zip Code	Transaction ID: C809692
Palos Verdes Penin	CA	90274-4049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Zerowet Inc	Occupation Emergen	n icy Physician	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)			1
Arlen R Stauffer			Date of Receipt
Mailing Address 230 Fairgreen Ave			09 / 18 / 2009
City New Smyrna Beach	State FL	Zip Code 32168-6192	Transaction ID: C780330 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Halifax Med Ctr Port Oran- ge	_	ıcy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			900.00

Glen Ellyn FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hosp October Good Samaritan Hosp	on Committee State Zip Code L 60137-6880	Date of Receipt Margin Ma
Donald J J Steiner Mailing Address 1 S 702 Birchbrook Ct City Glen Ellyn FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hosp Receipt For: Primary General	L 60137-6880 ccupation mergency Physician ggregate Year-to-Date ▼	Transaction ID: C820210 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hosp Receipt For: Primary General	ccupation mergency Physician ggregate Year-to-Date	
Receipt For: Ag Primary General	mergency Physician ggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Richard L L Stennes Mailing Address 2533 Calle Del Oro		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code CA 92037-2005	Transaction ID: C802056 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
Dr. Richard L Stennes Er Receipt For: Ag	ccupation mergency Physician ggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Eric William Stern Mailing Address 611 S Wells St		Date of Receipt M
•	State Zip Code	Transaction ID: C787747
FEC ID number of contributing federal political committee.	L 60607	Amount of Each Receipt this Period 100.00
DEC ' '	ccupation D Attending	_
Receipt For: Primary General Other (specify) ▼	ggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	>	1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 368 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	Statements may not be sold or used by any perso e name and address of any political committee to all Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Eric William Stern Mailing Address 611 S Wells St #2403 City Chicago FEC ID number of contributing federal political committee. Name of Employer DES Receipt For: Primary General Other (specify)	State Zip Code IL 60607 C Occupation ED Attending Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1
Full Name (Last, First, Middle Initial) Eric William Stern Mailing Address 611 S Wells St #2403 City Chicago FEC ID number of contributing federal political committee. Name of Employer DES Receipt For: Primary General Other (specify)	State Zip Code IL 60607 C Occupation ED Attending Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y 1 2 0 0 9 Transaction ID: C810559 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Joel A A Stettner Mailing Address 5877 Estates Dr City Oakland FEC ID number of contributing federal political committee. Name of Employer CA Emerg Phys Receipt For: Primary General Other (specify)	State Zip Code CA 94611-3138 C Occupation Emergency Physician Aggregate Year-to-Date 463.64	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		567.64

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 369 / 4 / 4 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli	itical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Joel A A Stettner			Date of Receipt
Mailing Address 5877 Estates Dr			1 1 1 9 2 0 0 9
City	State	Zip Code	Transaction ID: C807831
Oakland FEC ID number of contributing federal political committee.	CA	94611-3138	Amount of Each Receipt this Period 96.00
Name of Employer CA Emerg Phys	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 463.64	
Full Name (Last, First, Middle Initial) Lawrence M M Stock			Date of Receipt
Mailing Address 20540 Pacific Coa	st Hwy		07 09 7 2009
City Malibu	State CA	Zip Code 90265-5402	Transaction ID: C749600
FEC ID number of contributing federal political committee.	C	90203-3402	Amount of Each Receipt this Period 1000.00
Name of Employer Antelope Valley Hosp	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Angela L L Straface			Date of Receipt
Mailing Address 2214 Watercrest D)r		07 17 2009
City Keller	State TX	Zip Code 76248-8341	Transaction ID: C754968
FEC ID number of contributing federal political committee.	C	70240-0341	Amount of Each Receipt this Period 83.33
Name of Employer Arlington Med Ctr	Occupation Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.31	
SUBTOTAL of Receipts This Page (option	al)		1179.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 370 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Emergency Medicine Politic	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Politic	cai Action Committee	
Full Name (Last, First, Middle Initial) Angela L L Straface		Date of Receipt
Mailing Address 2214 Watercrest Dr		0 7 30 2009
City	State Zip Code	Transaction ID: C761713
Keller	TX 76248-8341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Arlington Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) Angela L L Straface		Date of Receipt
Mailing Address 2214 Watercrest Dr		08 28 2009
City	State Zip Code	Transaction ID: C773707
<u>Keller</u>	TX 76248-8341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Arlington Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) Angela L L Straface		Date of Receipt
Mailing Address 2214 Watercrest Dr		09 28 YYYYY 2009
City	State Zip Code	Transaction ID: C785387
Keller	TX 76248-8341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Arlington Med Ctr	Occupation Emergency Physician	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
SUBTOTAL of Receipts This Page (optional))	249.99

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 371 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	name and address of a	old or used by any perso ny political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Angela L L Straface Mailing Address 2214 Watercrest Dr City Keller FEC ID number of contributing federal political committee. Name of Employer Arlington Med Ctr Receipt For: Primary General Other (specify)	State Zip (Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Angela L L Straface Mailing Address 2214 Watercrest Dr City Keller FEC ID number of contributing federal political committee.		Code 48-8341	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Arlington Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Emergency Phys Aggregate Year-to-I		
Full Name (Last, First, Middle Initial) Pamela J J Stuart Mailing Address 1125 Vintage Ct City San Martin	•	Code 46-9480	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C		367.64
St Louise Reg Hosp Receipt For: Primary General Other (specify)	Emergency Phys Aggregate Year-to-I		
SUBTOTAL of Receipts This Page (optional)	1	>	534.30

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 372 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Policy (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to litical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Jerome Jerome Sugarman Mailing Address 1563 Solano PME	2.402	Date of Receipt
	5 463	11 19 2009
City	State Zip Code	Transaction ID: C807832
Berkeley FEC ID number of contributing federal political committee.	CA 94707-2116	Amount of Each Receipt this Period 96.00
Name of Employer Sutter Delta Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 346.00	
Full Name (Last, First, Middle Initial) Christine Sullivan	I	Date of Receipt
Mailing Address 12408 Lamar Ave)	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C787848
Overland Park	KS 66209-2703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Truman Med Ctr ED	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Daniel J J Sullivan	I	Date of Receipt
Mailing Address 450 S Summit Av	e Ste 320	08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C764044
Oakbrook Terrace FEC ID number of contributing	IL 60181-3014	Amount of Each Receipt this Period
federal political committee.	C	1000.00
Name of Employer Attn: Christina Sabella	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	2096.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 373 / 474 (check only one) X 11a
A	ny information copied from such Reports and Si 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 o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) William P P Sullivan Mailing Address 342 N LaGrange Rd #	365		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C787818
	Frankfort FEC ID number of contributing federal political committee.	C	60423-2008	Amount of Each Receipt this Period 250.00
	Name of Employer Dr. William P Sullivan Receipt For: Primary General Other (specify) ▼	, <u> </u>	n ncy Physician e Year-to-Date ▼ 250.00]
 3.	Full Name (Last, First, Middle Initial) Joan Surdukowski Mailing Address 80 Sand Piper Crescer	nt		Date of Receipt 0 9 2 2 2 0 0 9
	City	State	Zip Code	Transaction ID: C782309
	Milford	CT	06460-7969	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer St Raphaels Hosp	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00]
. –	Full Name (Last, First, Middle Initial) Brian Sutton			Date of Receipt
	Mailing Address 47 Stephanie Ln			07 30 7 2009
	City	State	Zip Code	Transaction ID: C761714
	Westfield FEC ID number of contributing federal political committee.	C	01085-1484	Amount of Each Receipt this Period 125.00
	Name of Employer Westfield Emer Phys	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 375.00	
Γ	SUBTOTAL of Receipts This Page (optional)	ı		475.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 374 / 474 (check only one) X 11a
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) National Emergency Medicine	orts and Statements may not be sold or used by any person using the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial Richard L L Sutton Mailing Address 2500 Roswell City Charlotte FEC ID number of contributing federal political committee. Name of Employer Mid-Atlantic Emerg Med Assoc Receipt For: Primary General	State Zip Code NC 28209-1650 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial Richard L L Sutton Mailing Address 2500 Roswell City Charlotte FEC ID number of contributing federal political committee. Name of Employer Mid-Atlantic Emerg Med As-		Date of Receipt M M M / D D / Y Y Y Y Y 0 9 3 0 2 0 0 9 Transaction ID: C787045 Amount of Each Receipt this Period 20.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial Richard L L Sutton Mailing Address 2500 Roswell		Date of Receipt 0 9 3 0 2 0 0 9
City Charlotte FEC ID number of contributing federal political committee. Name of Employer Mid-Atlantic Emerg Med Assoc Receipt For: Primary General	State Zip Code NC 28209-1650 C Occupation Emergency Physician Aggregate Year-to-Date	Transaction ID: C787081 Amount of Each Receipt this Period 20.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (o	240.00 bitional)	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 375 / 474 (check only one) X
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Com	mittee	
Full Name (Last, First, Middle Initial) Richard L L Sutton			Date of Receipt
Mailing Address 2500 Roswell Ave			12 31 2009
City	State	Zip Code	Transaction ID: C848331
Charlotte	NC	28209-1650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Mid-Atlantic Emerg Med As-	Occupation		7
SOC		cy Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Richard L L Sutton	l		Date of Receipt
Mailing Address 2500 Roswell Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C848332
Charlotte	NC	28209-1650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Mid-Atlantic Emerg Med As- soc	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Richard L L Sutton	l		Date of Receipt
Mailing Address 2500 Roswell Ave			1 2 3 1 2 0 0 9
City	State	Zip Code	Transaction ID: C848333
Charlotte	NC	28209-1650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Mid-Atlantic Emerg Med As- soc	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)			60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 376 / 474 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	d Statements may not be sold or used by any perso the name and address of any political committee to ical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ted W W Switzer Mailing Address 14719 Sir Huon St City San Antonio FEC ID number of contributing federal political committee. Name of Employer Dr. Ted W Switzer	State Zip Code TX 78248-1147 C Occupation Emergency Physician	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 General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Ted W W Switzer Mailing Address 14719 Sir Huon St City	State Zip Code	Date of Receipt 1 0 0 4 2 0 0 9 Transaction ID: C787840
San Antonio FEC ID number of contributing federal political committee. Name of Employer Dr. Ted W Switzer	TX 78248-1147 C Occupation	Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Mark J J Tamsen Mailing Address PO Box 370630 Emergency Care Do	/namics	Date of Receipt 08 / 28 / 2009
City San Diego	State Zip Code CA 92137-0630	Transaction ID: C773709 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Emergency Care Dynamics	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional	l)	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 377 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politic	al Action Con	nmittee	
	Full Name (Last, First, Middle Initial) Marc David David Taub			Date of Receipt
	Mailing Address 33842 Manta Ct			07 30 2009
	City Dana Point	State CA	Zip Code 92629-4505	Transaction ID: C761873 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		367.64
	Name of Employer Saddleback Memorial Med Ctr	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 463.64	
	Full Name (Last, First, Middle Initial) Marc David David Taub Mailing Address 33842 Manta Ct	-		Date of Receipt
	City	State	Zip Code	1 1 1 9 2 0 0 9 Transaction ID: C807844
	Dana Point	CA	92629-4505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		96.00
	Name of Employer Saddleback Memorial Med Ctr	Occupatio Emerger	n ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 463.64	
_	Full Name (Last, First, Middle Initial) Todd Brian Taylor			Date of Receipt
	Mailing Address 2714 Westwood Ave			09 15 2009
	City	State	Zip Code	Transaction ID: C778617
	Nashville FEC ID number of contributing federal political committee.	C	37212	Amount of Each Receipt this Period 250.00
	Name of Employer Microsoft	Occupatio Physicia	n n Executive	
	Receipt For: Primary General Other (specify) ▼	· · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		713.64

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 378 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 1			
or for commercial purposes, oth NAME OF COMMITTEE (In	ner than using the name and ad	ldress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.			
Full Name (Last, First, Middl Milton R R Teske			Date of Receipt			
Mailing Address 8939 N	Mailing Address 8939 N Chestnut Ave # 402					
City	State	Zip Code	07 30 2009 Transaction ID: C761860			
Fresno	CA	93720-5366	Amount of Each Receipt this Period			
FEC ID number of contribution federal political committee.	C		367.64			
Name of Employer Selma District Hosp	Occupation Emerger	on ncy Physician				
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 367.64				
Full Name (Last, First, Middl Joseph Michael Testa	le Initial)		Date of Receipt			
Mailing Address 207 Joh	ns Lane		09 08 2009			
City	State	Zip Code	Transaction ID: C777064			
Neshanic Station	NJ	08853	Amount of Each Receipt this Period			
FEC ID number of contribution federal political committee.	C		1000.00			
Name of Employer Emergency Medical Associa tes	Occupation ED Phys					
Receipt For: Primary Gene Other (specify) ▼	55 5	e Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middl Edd D D Thomas	le Initial)		Date of Receipt			
Mailing Address PO Box	680923		10 19 2009			
City	State	Zip Code	Transaction ID: C794000			
Marietta	GA	30068-0016	Amount of Each Receipt this Period			
FEC ID number of contribution federal political committee.	C		1000.00			
Name of Employer Dr. Edd D Thomas	Occupation Emerger	on ncy Physician				
Receipt For: Primary Gene Other (specify) ▼	55 5	e Year-to-Date ▼ 1100.00				
SUBTOTAL of Receipts This R	Page (optional)		2367.64			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 379 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso g the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
National Emergency Medicine Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Ronald G G Thomas		Date of Receipt
Mailing Address 1310 Alexander Dr		08 28 2009
City Guilford	State Zip Code CT 06437-5031	Transaction ID: C773680 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hosp of Saint Raphael	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Ronald G G Thomas Mailing Addrsos 1210 Alexander Dr		Date of Receipt
Mailing Address 1310 Alexander Dr		11 30 2009
City	State Zip Code	Transaction ID: C810239
Guilford	CT 06437-5031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hosp of Saint Raphael	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Christopher C C Thompson	l	Date of Receipt
Mailing Address 2547 Nicolet Dr		10 15 2009
City	State Zip Code WI 54311-7225	Transaction ID: C792233
Green Bay FEC ID number of contributing federal political committee.	WI 54311-7225	Amount of Each Receipt this Period 1000.00
Name of Employer Dr. Christopher C Thompson	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	al)	1500.00
	nber only)	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 380 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us	s and Statements may not be sold or used by any personing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Jennifer N N Thompson		Date of Receipt
Mailing Address 4063 S Four Mile		111 12 2009
City <u>Arlington</u>	State Zip Code VA 22204-5606	Transaction ID: C804567 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Washington Hosp Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Trenten D D Thorn		Date of Receipt
Mailing Address 1449 Lincoln St		07 09 2009
City	State Zip Code	Transaction ID: C749624
Salt Lake City FEC ID number of contributing federal political committee.	UT 84105-2317	Amount of Each Receipt this Period 1000.00
Name of Employer EPIC LLC	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Bryce Tiller		Date of Receipt
Mailing Address 7609 Wexford C	lub Dr E	07 08 7 2009
City	State Zip Code	Transaction ID: C747905
Jacksonville FEC ID number of contributing federal political committee.	FL 32256-2331	Amount of Each Receipt this Period 100.00
Name of Employer Meml Hosp Jacksonville	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (opti	onal)	1400.00
	umber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 381 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or 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	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Kevin Matthew Matthew Timmel			Date of Receipt
	Mailing Address 12649 N Schicks Rdg F	₹d		08 06 2009
	City	State	Zip Code	Transaction ID: C764041
	Boise	ID	83714-9456	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Emerg Med Idaho	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) Wenzel Tirheimer, III			Date of Receipt
	Mailing Address 13404 Golf Crest Way			07 30 7 2009
	City	State	Zip Code	Transaction ID: C761834
	<u>Tampa</u>	FL	33618-8621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Dr. Wenzel Tirheimer, III	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- С.	Full Name (Last, First, Middle Initial) Douglas E E Todd			Date of Receipt
	Mailing Address 11403 Normanton Way	,		08 05 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C780416
	San Diego	CA	92131-2906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Rancho Springs Med Ctr	Occupation Emerger	on ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
	SUBTOTAL of Receipts This Page (optional)			2100.00
ı				

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 382 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Po	and Statements may not be sold or used by any person ng the name and address of any political committee to elitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Prentice A A Tom		Date of Receipt
Mailing Address 226 Via La Posad	da	07 30 2009
City	State Zip Code	Transaction ID: C761816
Los Gatos	CA 95032-1641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	367.64
Name of Employer Good Samaritan Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 463.64	
Full Name (Last, First, Middle Initial) Prentice A A Tom	L	Date of Receipt
Mailing Address 226 Via La Posad	da	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: C807827
Los Gatos	CA 95032-1641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.00
Name of Employer Good Samaritan Hosp	Occupation Emergency Physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 463.64	
Full Name (Last, First, Middle Initial) Vicken Y Y Totten	L	Date of Receipt
Mailing Address 14500 Southpark	Blvd	10 03 2009
City	State Zip Code	Transaction ID: C802077
Shaker Hts	OH 44120-1330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Univ Hosp Case Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optio	nal)	713.64

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 383 / 4 / 4 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Com	nmittee	
Full Name (Last, First, Middle Initial) Larisa May May Traill			Date of Receipt
Mailing Address 22844 Renford St			10 03 7 2009
City Novi	State MI	Zip Code 48375-4529	Transaction ID: C802087 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000	50.00
Name of Employer Detroit Med-Sinai Grace Hosp Receipt For: Primary General Other (specify) ▼		n locy Physician Pyear-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Hung V V Tran Mailing Address 520 Glenmoor Cir			Date of Receipt 1 2 2 3 2 0 0 9
City	State	Zip Code	1 2 2 3 2 0 0 9 Transaction ID: C820019
<u>Milpitas</u>	CA	95035-2950	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dr. Hung V Tran	Occupation Emergen	n Icy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Kim E E Tranquada			Date of Receipt
Mailing Address 726 W Sand Rake	Dr		07 14 2009
City Oro Vly	State AZ	Zip Code 85755-6799	Transaction ID: C750677 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00700 0700	500.00
Name of Employer Emer Med Assoc	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		800.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 384 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than use NAME OF COMMITTEE (In Full) National Emergency Medicine Personal Processing Services (In Full)	and Statements may not be sold or used by any personing the name and address of any political committee to political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David N N Trickey Mailing Address 456 Pinewood W City Cataula FEC ID number of contributing federal political committee. Name of Employer Martin Army Cmnty Hosp Receipt For:	State Zip Code GA 31804-4483 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Borys Trochym Mailing Address 220 Browns Driv	500.00 e	Date of Receipt 1 1 1 0 2 0 0 9
City Easton FEC ID number of contributing federal political committee. Name of Employer Emergency Medical Associates Receipt For: Primary General Other (specify)	State Zip Code PA 18042-9443 C Occupation Physician Aggregate Year-to-Date 1100.00	Transaction ID: C803346 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Philip F F Troiano, III Mailing Address 945 N 12th St Aurora Sinai Hos City Milwaukee FEC ID number of contributing federal political committee. Name of Employer Aurora Sinai Hosp ED Receipt For:	State Zip Code WI 53233-1305 C Occupation Emergency Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (option	250.00 onal)	1750.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(sfor each category of the Detailed Summary Page	(Check only one)
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) National Emergency Medicine	orts and Statements may not be sold or used by any using the name and address of any political commit	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Josh Trutt Mailing Address 100 W 72nd S Apt 2502 City	,	Date of Receipt 10 30 7 2009 Transaction ID: C798727
New York FEC ID number of contributing federal political committee.	NY 10023-3343 C	Amount of Each Receipt this Period 500.00
Name of Employer Dr. Josh Trutt Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 500.00	0
Full Name (Last, First, Middle Initia Joseph Adrian Adrian Tyndall Mailing Address PO Box 1018 PO Box 1018	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
Gainesville FEC ID number of contributing federal political committee. Name of Employer Univ of FL - Dept of EM	FL 32610-0186 C Occupation	Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify)	Emergency Physician Aggregate Year-to-Date ▼ 500.00	0
Full Name (Last, First, Middle Initia Matthew Brent Brent Underwood Mailing Address 9799 Diamon	•	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C807898
Yucaipa FEC ID number of contributing federal political committee.	CA 92399-2943	Amount of Each Receipt this Period 96.00
Name of Employer Riverside Cmnty Hosp	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 446.00	0
SUBTOTAL of Receipts This Page (pptional)	1096.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John D D Uphold Mailing Address 309 W Beverly Blvd		Date of Receipt
City Montebello FEC ID number of contributing	State Zip Code CA 90640-4308	Transaction ID: C780387 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date	100.00
Full Name (Last, First, Middle Initial) Bradley J J Uren Mailing Address 8115 Pettysville Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pinckney FEC ID number of contributing federal political committee.	State Zip Code MI 48169-8281 C	Amount of Each Receipt this Period 250.00
Name of Employer Univ of MI Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Philip C C Van Dongen Mailing Address 75 May Apple Ln		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Martinsburg FEC ID number of contributing federal political committee.	State Zip Code WV 25403-1123	Transaction ID: C760962 Amount of Each Receipt this Period 1000.00
Name of Employer Dr. Philip C Van Dongen Receipt For: Primary General Other (specify) ▼	Occupation Emergency Physician Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional)	1350.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 387 / 474 (check only one) X
A oi	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Emergency Medicine Politica	al Action Con	nmittee	
	Full Name (Last, First, Middle Initial) David E E Van Ryn			Date of Receipt
	Mailing Address 51192 Stratford Dr			07 09 2009
	City	State	Zip Code	Transaction ID: C749635
	Elkhart	IN	46514-9110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Elkhart Emer Phys	Occupatio Emerger	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Yalani Light Light Vanzura			Date of Receipt
	Mailing Address 132 Mary Ellen 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: C764034
	Charleston	SC	29403-3375	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MUSC Emerg Svcs	Occupatio Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Marc-Anthony Q Q Velilla			Date of Receipt
	Mailing Address 2808 Addison Cir S			10 06 2009
	City	State	Zip Code	Transaction ID: C789471
	Oakland Twp	MI	48306-4922	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Med Ctr Emer Svc	Occupatio Emergen	n ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
Г	SUBTOTAL of Receipts This Page (optional) .	1		1000.00

FOR LINE NUMBER: PAGE 388 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
n for the purpose of soliciting contributions solicit contributions from such committee.
Date of Receipt
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Transaction ID: C810234
Amount of Each Receipt this Period
500.00
1
1
Date of Receipt
07 30 2009
Transaction ID: C761864
Amount of Each Receipt this Period
367.64
1
Date of Receipt
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Transaction ID: C807886
Amount of Each Receipt this Period
96.00
1

SCHEDULE A (FEC FO	for	se separate schedule(s) reach category of the etailed Summary Page	FOR LINE NUMBER: PAGE 389 / 474 (check only one) X 11a
or for commercial purposes, other t	an using the name and address	of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle In Gregory A A Volturo Mailing Address 350 Ball Hi City Princeton FEC ID number of contributing federal political committee. Name of Employer Univ of MA Med Ctr ED Receipt For:	Rd State Z	•	Date of Receipt M M M / D D / Y Y Y Y Y O 8 / D D / Y Y Y Y Transaction ID: C763172 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle In Mary Jo Jo Wagner	tial)	500.00	Date of Receipt
Mailing Address 5425 Nottin City Saginaw FEC ID number of contributing federal political committee. Name of Employer Synergy Med Educ Alliance Receipt For: Primary General Other (specify)	State Z	•	Transaction ID: C761712 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle In Mary Jo Jo Wagner Mailing Address 5425 Nottin City Saginaw FEC ID number of contributing federal political committee. Name of Employer Synergy Med Educ Alliance Receipt For:	gham N State Z	•	Date of Receipt M M C 28 2009 Transaction ID: C785386 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Pag	e (optional)	1000.00	1000.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)	Use separate schedu	FOR LINE NUMBER: PAGE 390 / 474 (check only one)
ITEMIZED RECEIPTS	for each category of t	the Tigget at the state of the
	Detailed Summary Pa	
		13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by a name and address of any political com	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
National Emergency Medicine Political	Action Committee	
Full Name (Last, First, Middle Initial) Gregory Link Link Walker		Date of Receipt
Mailing Address 345 Broken Hills		07
City	State Zip Code	Transaction ID: C749643
Mason	MI 48854-8603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Edward W Sparrow Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1.1
Other (specify) ▼	850	0.00
Full Name (Last, First, Middle Initial) Gregory Link Link Walker		Date of Receipt
Mailing Address 345 Broken Hills		10 06 2009
City	State Zip Code	Transaction ID: C789497
Mason	MI 48854-8603	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	[C]	250.00
Name of Employer Edward W Sparrow Hosp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	850	0.00
Full Name (Last, First, Middle Initial) Cheng Wang		Date of Receipt
Mailing Address 503A Manila Ave		09 14 2009
City	State Zip Code	Transaction ID: C778568
Jersey City	NJ 07302	Amount of Each Receipt this Period
	140 07302	Amount of Each Neceipt this Feriod
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Emergency Medical Associa-	Occupation Physician	
tes Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	250	0.00
	0 0 0 0 0 0 0	0 0
SUBTOTAL of Receipts This Page (optional)		1000.00

TOTAL This Period (last page this line number only)

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 391 / 474 (check only one) X
or for commercial p	ied from such Reports and Staurposes, other than using the I MITTEE (In Full) rgency 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)			Date of Receipt
	969G Edgewater Blvd A	Apt 807		09 11 2009
City <u>Foster City</u>		State CA	Zip Code 94404-3775	Transaction ID: C778485 Amount of Each Receipt this Period
FEC ID number federal political of		C	34404 0770	100.00
Name of Employ Mills Peninsula Grp Receipt For:			n acy Physician e Year-to-Date ▼	
Primary Other (spe	.,		225.00	
Full Name (Last Matthew J J Wats Mailing Address				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C773673
Alpharetta		GA	30005-2284	Amount of Each Receipt this Period
FEC ID number federal political o	committee.	С		250.00
Name of Employ Dr. Matthew J W	rer /atson	Occupation Emergen	n ncy Physician	
Receipt For: Primary Other (spe	General	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last	First, Middle Initial)			Date of Receipt
Mailing Address	1280 Longpointe Pass			10 03 2009
City		State	Zip Code	Transaction ID: C802024
Alpharetta FEC ID number federal political of		GA C	30005-2284	Amount of Each Receipt this Period 250.00
Name of Employ Dr. Matthew J W	rer Vatson	Occupation Emergen	n ncy Physician	
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Re	ceipts This Page (optional)			600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 392 / 4 / 4 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Andrew K K Watters			Date of Receipt
Mailing Address 2809 E Winston St			08 06 2009
City	State	Zip Code	Transaction ID: C764042
Bloomington	IN	47401-4451	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Unity Phys	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Deborah E E Weber			Date of Receipt
Mailing Address 1420 Shawnee Trl			10 03 7 9 9
City	State	Zip Code	Transaction ID: C802091
Riverwoods	<u>IL</u>	60015-1631	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Lutheran Gen Hosp ED	Occupatio Emerger	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1100.00	
Full Name (Last, First, Middle Initial) Thomas H H Webster			Date of Receipt
Mailing Address 2624 Unicornio St			07 14 2009
City	State	Zip Code	Transaction ID: C750668
Carlsbad	CA	92009-5333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer TriCity Emer Med Grp	Occupatio Emerger	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional			1750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 393 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Repror for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any person using the name and address of any political committee to	n for the purpose of soliciting contributions
National Emergency Medicine	Political Action Committee	
Full Name (Last, First, Middle Initial Ellis Weeker		Date of Receipt
Mailing Address 2105 S Basco	m Ave Ste 360	07 30 7 2009
City	State Zip Code	Transaction ID: C761865
Campbell	CA 95008-3278	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	367.64
Name of Employer CEP America Med Grp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	463.64	
Full Name (Last, First, Middle Initial Ellis Weeker		Date of Receipt
Mailing Address 2105 S Basco	m Ave Ste 360	11 19 2009
City	State Zip Code	Transaction ID: C807846
Campbell	CA 95008-3278	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.00
Name of Employer CEP America Med Grp	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	463.64	
Full Name (Last, First, Middle Initial Arlo F F Weltge)	Date of Receipt
Mailing Address 5213 Valerie S	St .	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C802092
Bellaire	TX 77401-4826	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer UT Med School Houston	Occupation Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
		563.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 394 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any personance name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Arlo F F Weltge Mailing Address 5213 Valerie St City Bellaire FEC ID number of contributing federal political committee. Name of Employer UT Med School Houston Receipt For: Primary General Other (specify)	State Zip Code TX 77401-4826 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 1100.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Arlo F F Weltge Mailing Address 5213 Valerie St City Bellaire FEC ID number of contributing federal political committee. Name of Employer UT Med School Houston Receipt For: Primary General Other (specify)	State Zip Code TX 77401-4826 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 1100.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Howard A A Werman Mailing Address 2827 W Dublin Grant City Columbus FEC ID number of contributing federal political committee. Name of Employer Dr. Howard A Werman Receipt For: Primary General Other (specify)	State Zip Code OH 43235-2712 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 7 2 2 2 2 0 0 9 Transaction ID: C760011 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 395 / 474 (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	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Edward M M West, Jr Mailing Address 3976 Millbrook Dr City Santa Rosa FEC ID number of contributing federal political committee. Name of Employer Santa Rosa Meml Hosp Receipt For: Primary General Other (specify)	State Zip Code CA 95404-7613 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mark Dennis Dennis Westfall Mailing Address 2413 Woodland Ter City Neenah FEC ID number of contributing federal political committee. Name of Employer Theda Clark Med Ctr Receipt For: Primary General Other (specify)	State Zip Code WI 54956-4824 C Occupation Emergency Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Brenden M M Wetherton Mailing Address 3910 Clarke Pointe Ci City Crestwood FEC ID number of contributing federal political committee. Name of Employer Central Kentucky Emer Svcs Receipt For: Primary General Other (specify)	State Zip Code KY 40014-7789 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 7 20 2009 Transaction ID: C758853 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional) .		1350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 396 / 4 / 4 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Poli		
Full Name (Last, First, Middle Initial) Brenden M M Wetherton		Date of Receipt
Mailing Address 3910 Clarke Pointe	e Ct	07 28 2009
City Crestwood	State Zip Code KY 40014-7789	Transaction ID: C761293
FEC ID number of contributing federal political committee.	C 40014-7769	Amount of Each Receipt this Period 1000.00
Name of Employer Central Kentucky Emer Svcs	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Gordon Wheeler		Date of Receipt
Mailing Address 2121 K St NW Ste ACEP		07 / 30 / 2009
City Washington	State Zip Code DC 20037-1886	Transaction ID: C761777 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Mr. Gordon Wheeler	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Christopher R White		Date of Receipt
Mailing Address PO Box 298		08 25 2009
City	State Zip Code	Transaction ID: C770605
Aurora FEC ID number of contributing federal political committee.	OH 44202	Amount of Each Receipt this Period 1000.00
Name of Employer Stark County Emer. Physic- ians	Occupation EM Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	al)	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 397 / 474 (check only one) X 11a 11b 11c 12 13 14 15 16 1
An or i	y information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	al Action Committee	
	Full Name (Last, First, Middle Initial) William A A White		Date of Receipt
	Mailing Address 510 Powell Dr		08 28 2009
	City	State Zip Code MD 21401-6527	Transaction ID: C773562
	Annapolis FEC ID number of contributing federal political committee.	MD 21401-6527	Amount of Each Receipt this Period 500.00
	Name of Employer EMA	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial) William A A White		Date of Receipt
	Mailing Address 510 Powell Dr		12 07 2009
	City	State Zip Code	Transaction ID: C812403
	Annapolis	MD 21401-6527	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer EMA	Occupation Emergency Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial) Dennis C C Whitehead		Date of Receipt
	Mailing Address 1721 S Stephenson		07 09 2009
	City	State Zip Code	Transaction ID: C749626
	Iron Mountain FEC ID number of contributing federal political committee.	MI 49801-3637	Amount of Each Receipt this Period 350.00
	Name of Employer Dickinson County Memorial	Occupation Emergency Physician	
	Hosp Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00	
			950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 398 / 474 (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	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael E E Whiting Mailing Address 1224 Camino De Cruz	z Blanca		Date of Receipt
City Santa Fe FEC ID number of contributing	State NM	Zip Code 87505-0380	1 0 1 5 2 0 0 9 Transaction ID: C792261 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify) General General	Occupation Emergen	n cy Physician Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) adrian whorton Mailing Address 4533 w laurel dr ne			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City seattle FEC ID number of contributing federal political committee.	State WA	Zip Code 98105	Transaction ID: C768893 Amount of Each Receipt this Period 500.00
Name of Employer Evergreen Emergency Services Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Iris Wiegenstein Mailing Address 466 Eden Bay Dr			Date of Receipt
City Naples FEC ID number of contributing federal political committee.	State FL	Zip Code 34110-7037	Transaction ID: C773726 Amount of Each Receipt this Period 250.00
Name of Employer Ms. Iris Wiegenstein Receipt For: Primary General		cy Physician Year-to-Date ▼	
Other (specify) ▼	0 0	250.00	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 399 / 4/4 (check only one) X			
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	tical Action Con	nmittee				
Full Name (Last, First, Middle Initial) David E E Wilcox			Date of Receipt			
Mailing Address 8 Aspen Dr	Mailing Address 8 Aspen Dr					
City S Glastonbury	State CT	Zip Code 06073-2938	Transaction ID: C820043 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		1000.00			
Name of Employer Dr. David E Wilcox	Occupatio Emerger	n ncy Physician				
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) James M M Williams			Date of Receipt			
Mailing Address 302 Rosemary Ave						
City	State	Zip Code	Transaction ID: C783055			
San Antonio FEC ID number of contributing federal political committee.	C	78209-3845	Amount of Each Receipt this Period 250.00			
Name of Employer Methodist Spec & Transpl Hosp	Occupatio Emerger	n ncy Physician				
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1			
Other (specify)		600.00				
Full Name (Last, First, Middle Initial) James M M Williams			Date of Receipt			
Mailing Address 302 Rosemary Ave	10 03 2009					
City	State	Zip Code	Transaction ID: C802043			
San Antonio FEC ID number of contributing federal political committee.	C	78209-3845	Amount of Each Receipt this Period 250.00			
Name of Employer Methodist Spec & Transpl Hosp		ncy Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00				
SUBTOTAL of Receipts This Page (optional	al)	\	1500.00			

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	f	Jse separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 400 / 474 (check only one) X 11a
or for commercial purposes, other the NAME OF COMMITTEE (In Full National Emergency Medici	an using the name and addres	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Ini Sarah Roberts Roberts Williams Mailing Address 1228 Laurel City San Mateo FEC ID number of contributing federal political committee. Name of Employer Stanford Univ Hosp, ED Receipt For: Primary General	,	ar-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Inisteven R R Wilner Mailing Address PO Box 508 City Frisco FEC ID number of contributing federal political committee. Name of Employer Vail Valley Emerg Phys Receipt For: Primary General Other (specify) ▼	,	•	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Ini Neil E E Winston Mailing Address 1476C S Pr. Unit C City Chicago FEC ID number of contributing federal political committee. Name of Employer Dr. Neil E Winston Receipt For: Primary General Other (specify)	,	•	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page TOTAL This Period (last page this	<u>, , , , , , , , , , , , , , , , , , , </u>		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 401 / 4 / 4 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Politi	cal Action Con	nmittee	
Full Name (Last, First, Middle Initial) David Wirtz			Date of Receipt
Mailing Address 1 Highgate NE	07 02 7 7 9 9		
City	State NY	Zip Code	Transaction ID: C746963
Ithaca FEC ID number of contributing federal political committee.	C	14850	Amount of Each Receipt this Period 200.00
Name of Employer EMP	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Daniel Woodard			Date of Receipt
Mailing Address Mail Code BIO-1			07 14 2009
City <u>Kennedy Sp Ctr</u>	State FL	Zip Code 32899-0001	Transaction ID: C750696
FEC ID number of contributing federal political committee.	C	32099-0001	Amount of Each Receipt this Period 250.00
Name of Employer Bionetics Corp	Occupation Emergen	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Michael A A Woods			Date of Receipt
Mailing Address 1707 Hagen Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C792248
Chesterton FEC ID number of contributing federal political committee.	C	46304-8940	Amount of Each Receipt this Period 1000.00
Name of Employer Dr. Michael A Woods	Occupation	n ncy Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
			1450.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 402 / 474 (check only one) X
or f	vinformation copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Jody Wozniak Mailing Address 199 Forestwood Dr City Northfield FEC ID number of contributing federal political committee.	State OH	Zip Code 44067	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Stark County Emergency Physicians Receipt For: Primary General Other (specify)	Occupation Physicial Aggregate		
3.	Full Name (Last, First, Middle Initial) Gary David David Wright Mailing Address 4299 W Morning Mist	Dr		Date of Receipt 10 04 2009
	City	State	Zip Code	Transaction ID: C787828
	Fayetteville FEC ID number of contributing federal political committee.	C	72704-6375	Amount of Each Receipt this Period 1000.00
	Name of Employer Washington Regl Med Ctr Receipt For: Primary General	,	ncy Physician e Year-to-Date ▼	1
	Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Thomas E E Wyatt			Date of Receipt
	Mailing Address 3925 Drew Ave S			10 03 YYYY 2009
	City	State	Zip Code	Transaction ID: C802044
	Minneapolis FEC ID number of contributing	MN	55410-1049	Amount of Each Receipt this Period
	federal political committee.	C		250.00
•	Name of Employer EPPA	Occupatio Emerger	n ncy Physician	
•	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SL	JBTOTAL of Receipts This Page (optional)	1		2250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 403 / 474 (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.
∠ A.	Full Name (Last, First, Middle Initial) Howard M M Yang			Date of Receipt
	Mailing Address 7031 Casa Encantada Apt 2054	a Si		12 31 2009
	City	State NV	Zip Code	Transaction ID: C839089
	Las Vegas FEC ID number of contributing federal political committee.	C	89118-0564	Amount of Each Receipt this Period 400.00
	Name of Employer St Rose Dominican Hosps	- '	ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
- В.	Full Name (Last, First, Middle Initial) Barbara Jean Yates Mailing Address 1216 E 527th Rd			Date of Receipt
		01-1-	7'- 0-1-	07 14 2009
	City Morrisville	State MO	Zip Code 65710-8104	Transaction ID: C750683 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cedar Cnty Meml Hosp		ncy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00]
_ C.	Full Name (Last, First, Middle Initial) Gary Newman Newman Yee			Date of Receipt
	Mailing Address 15611 Oyster Cove D	r		09 10 2009
	City	State	Zip Code	Transaction ID: C778462
	Sugar Land	TX	77478-3364	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer GHEP	- '	ncy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional) .			750.00
Ī	TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 404 / 4 / 4 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit		•	
Full Name (Last, First, Middle Initial) Frederick Todd Todd Yonteck			Date of Receipt
Mailing Address 27518 Pine Point D	07 30 7 2009		
City Wesley Chapel	State FL	Zip Code 33544-8756	Transaction ID: C761807 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33344-0730	1000.00
Name of Employer Univ Cmnty Hosp	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Matthew Stephen Stephen Young			Date of Receipt
Mailing Address 8905 Sundance Rd	0 9 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Texarkana	State TX	Zip Code 75503-9583	Transaction ID: C776656
FEC ID number of contributing federal political committee.	C	73303-9363	Amount of Each Receipt this Period 367.64
Name of Employer Dr. Matthew Stephen Young	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 367.64	
Full Name (Last, First, Middle Initial) Brian S S Zachariah			Date of Receipt
Mailing Address 301 University Blvd			07 30 2009
City	State	Zip Code	Transaction ID: C761750
Galveston FEC ID number of contributing federal political committee.	C	77555-5302	Amount of Each Receipt this Period 250.00
Name of Employer Dept of Surgery ED	Occupation Emergen	n cy Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 750.00	
			1617.64

West Palm Beach FEC ID number of contributing federal political committee. Name of Employer Emer Phys Enterprise Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik Mailing Address 737 E Bethel School Rd City St Coppell TO FEC ID number of contributing federal political committee. Name of Employer Dr. Shane Edward Zatkalik Name of Employer Dr. Shane Edward Zatkalik Cocc Employer Dr. Shane Edward Zatkalik Docc Employer Dr. Shane Edward Zatkalik	ate Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael J J Zappa Mailing Address 2290 Seven Oaks Ln City St West Palm Beach FL FEC ID number of contributing federal political committee. Name of Employer Emer Phys Enterprise Em Receipt For: Agg Primary General Other (specify) Other (specify) Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik Mailing Address 737 E Bethel School Rd City St Coppell TO FEC ID number of contributing federal political committee. Name of Employer Dr. Shane Edward Zatkalik Receipt For: Agg	ate Zip Code 33410-2006 upation ergency Physician regate Year-to-Date	Transaction ID: C787851 Amount of Each Receipt this Period
Michael J J Zappa Mailing Address 2290 Seven Oaks Ln City St West Palm Beach FL FEC ID number of contributing federal political committee. Name of Employer Emer Phys Enterprise Em Receipt For: Agg Other (specify) ▼ Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik Mailing Address 737 E Bethel School Rd City St Coppell T) FEC ID number of contributing federal political committee. Name of Employer Dr. Shane Edward Zatkalik Receipt For: Agg	upation ergency Physician regate Year-to-Date ▼	Transaction ID: C787851 Amount of Each Receipt this Period
City West Palm Beach FEC ID number of contributing federal political committee. Name of Employer Emer Phys Enterprise Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik Mailing Address 737 E Bethel School Rd City Coppell TY FEC ID number of contributing federal political committee. Name of Employer Dr. Shane Edward Zatkalik Receipt For: Agg	upation ergency Physician regate Year-to-Date ▼	Transaction ID: C787851 Amount of Each Receipt this Period
West Palm Beach FEC ID number of contributing federal political committee. Name of Employer Emer Phys Enterprise Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik Mailing Address 737 E Bethel School Rd City St Coppell TO FEC ID number of contributing federal political committee. Name of Employer Dr. Shane Edward Zatkalik Receipt For: Agg	upation ergency Physician regate Year-to-Date ▼	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik Mailing Address 737 E Bethel School Rd City St Coppell T) FEC ID number of contributing federal political committee. Name of Employer Dr. Shane Edward Zatkalik Receipt For: Agg	upation ergency Physician regate Year-to-Date ▼	
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik Mailing Address 737 E Bethel School Rd City Coppell TX FEC ID number of contributing federal political committee. Name of Employer Dr. Shane Edward Zatkalik Receipt For: Agg	regate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik Mailing Address 737 E Bethel School Rd City St Coppell T) FEC ID number of contributing federal political committee. Name of Employer Dr. Shane Edward Zatkalik Receipt For: Agg	regate Year-to-Date ▼	
Shane Edward Edward Zatkalik Mailing Address 737 E Bethel School Rd City St Coppell TX FEC ID number of contributing federal political committee. Name of Employer Dr. Shane Edward Zatkalik Receipt For: Agg		+
Coppell TX FEC ID number of contributing federal political committee. Name of Employer Dr. Shane Edward Zatkalik Receipt For: Agg		Date of Receipt
Coppell TX FEC ID number of contributing federal political committee. Name of Employer Dr. Shane Edward Zatkalik Receipt For: Agg		07 30 2009
FEC ID number of contributing federal political committee. Name of Employer Dr. Shane Edward Zatkalik Receipt For: Agg	ate Zip Code	Transaction ID: C761778
federal political committee. Name of Employer Dr. Shane Edward Zatkalik Receipt For: Agg	75019-4188	Amount of Each Receipt this Period
Dr. Shane Edward Zatkalik Receipt For: Agg		83.33
	upation ergency Physician	
	regate Year-to-Date ▼	
Other (specify)	749.97	
Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik		Date of Receipt
Mailing Address 737 E Bethel School Rd		08 / 28 / 2009
•	ate Zip Code	Transaction ID: C773688
<u>Coppell</u> T	75019-4188	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		83.33
Dr. Shane Edward Zatkalik Em	upation ergency Physician	
Receipt For: Primary General Other (specify) ▼	regate Year-to-Date ▼ 749.97	
SUBTOTAL of Receipts This Page (optional)		1166.66

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Statementa may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 406 / 474 (check only one) X
	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 addr	ess of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik Mailing Address 737 E Bethel School F	Rd		Date of Receipt 0 9 2 8 2 0 0 9
	City Coppell	State TX	Zip Code 75019-4188	Transaction ID: C785390 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer Dr. Shane Edward Zatkalik Receipt For: Primary General Other (specify)	,	y Physician Year-to-Date ▼ 749.97	
В.	Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik Mailing Address 737 E Bethel School F	Date of Receipt		
	City	State	Zip Code	Transaction ID: C798591
	Coppell FEC ID number of contributing federal political committee.	C	75019-4188	Amount of Each Receipt this Period 83.33
	Name of Employer Dr. Shane Edward Zatkalik Receipt For: Primary General Other (specify)	, i – -	y Physician Year-to-Date ▼ 749.97	
_ C.	Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik Mailing Address 737 E Bethel School F	Date of Receipt 1 1 3 0 2 0 0 9		
	City	State	Zip Code	Transaction ID: C810214
	Coppell FEC ID number of contributing federal political committee.	C	75019-4188	Amount of Each Receipt this Period 83.33
	Name of Employer Dr. Shane Edward Zatkalik	Occupation Emergence	y Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 749.97	
	SUBTOTAL of Receipts This Page (optional)			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 407 / 474 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Statements may not be sold or used by any pers to name and address of any political committee to all Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Shane Edward Edward Zatkalik Mailing Address 737 E Bethel School City Coppell FEC ID number of contributing federal political committee. Name of Employer Dr. Shane Edward Zatkalik Receipt For: Primary General Other (specify)	Rd State Zip Code TX 75019-4188 C Occupation Emergency Physician Aggregate Year-to-Date ▼ 749.97	Date of Receipt M
Full Name (Last, First, Middle Initial) W Matthew Zban Mailing Address 6526 Greenway Bence City Charlotte FEC ID number of contributing federal political committee. Name of Employer MidAtlantic Emerg Med Assoc Receipt For: Primary General Other (specify)	State Zip Code NC 28226-5560 C Occupation Emergency Physician Aggregate Year-to-Date 276.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) W Matthew Zban Mailing Address 6526 Greenway Bence City Charlotte FEC ID number of contributing federal political committee. Name of Employer MidAtlantic Emerg Med Assoc Receipt For: Primary General Other (specify)	State Zip Code NC 28226-5560 C Occupation Emergency Physician Aggregate Year-to-Date 276.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		133.33

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 408 / 474 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Emergency Medicine Po	ng the name and addres	s of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) W Matthew Zban Mailing Address 6526 Greenway E	lend Dr		Date of Receipt
City Charlotte FEC ID number of contributing	State NC	Zip Code 28226-5560	Transaction ID: C787069 Amount of Each Receipt this Period 25.00
Name of Employer MidAtlantic Emerg Med Assoc Receipt For: Primary Other (specify)	Occupation Emergency Aggregate Ye		
Full Name (Last, First, Middle Initial) W Matthew Zban Mailing Address 6526 Greenway E	Date of Receipt 1 2 3 1 2 0 0 9		
City	State	Zip Code	Transaction ID: C848543
Charlotte NC FEC ID number of contributing federal political committee.		28226-5560	Amount of Each Receipt this Period 17.00
Name of Employer MidAtlantic Emerg Med Assoc Receipt For: Primary General Other (specify) ▼	Occupation Emergency Aggregate Ye		
Full Name (Last, First, Middle Initial) W Matthew Zban	Date of Receipt		
Mailing Address 6526 Greenway E	12 31 2009		
City Charlotte	State NC	Zip Code	Transaction ID: C848544
FEC ID number of contributing federal political committee.	C	28226-5560	Amount of Each Receipt this Period
Name of Employer MidAtlantic Emerg Med Ass- oc Receipt For:	Occupation Emergency		
Primary General Other (specify) ▼	Aggregate Ye	276.00	
SUBTOTAL of Receipts This Page (option	nal)		59.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 409 / 474 (check only one) X 11a
A	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Politica	l Action Cor	mmittee	
. ∠ 4.	Full Name (Last, First, Middle Initial) W Matthew Zban			Date of Receipt
	Mailing Address 6526 Greenway Bend	Dr		12 31 2009
	City	State	Zip Code	Transaction ID: C848545
	Charlotte	NC	28226-5560	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		17.00
	Name of Employer MidAtlantic Emerg Med Ass-	Occupation	on ncy Physician	
	oc Receipt For:	, ' <u> </u>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		276.00	
_ 3.	Full Name (Last, First, Middle Initial) Wesley Zeger			Date of Receipt
	Mailing Address 290 Skyline Dr			07 / 23 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C760125
	Elkhorn	NE	68022-1788	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ of NE Med Ctr	Occupation Emerger	on ncy Physician	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		250.00	
_ ;.	Full Name (Last, First, Middle Initial) Neil H H Zelin	<u> </u>		Date of Receipt
	Mailing Address 3365 McGraw Ln			09 09 2009
	City	State	Zip Code	Transaction ID: C778382
	Lafayette	CA	94549-2313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Alta Bates Medical Center ED	Occupation Emerger	on ncy Physician	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	
_				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 410 / 474 (check only one)
TI LIMIZED TIECEIF 13	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
National Emergency Medicine Politic	cal Action Committee	
Full Name (Last, First, Middle Initial) Carsten Zieger		Date of Receipt
Mailing Address 2030 Via Zacata Pl		07 30 2009
City	State Zip Code	Transaction ID: C761832
Arroyo Grande	CA 93420-9631	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	367.64
Name of Employer French Hosp Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General Other (appoint)	Aggregate Year-to-Date ▼ 463.64	
Other (specify) ▼ Full Name (Last, First, Middle Initial)		
Carsten Zieger		Date of Receipt
Mailing Address 2030 Via Zacata Pl		11 1 9 2009
City	State Zip Code	Transaction ID: C807922
Arroyo Grande	CA 93420-9631	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.00
Name of Employer French Hosp Med Ctr	Occupation Emergency Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	463.64	
Full Name (Last, First, Middle Initial) Andrew R R Zinkel	1	Date of Receipt
Mailing Address 5215 Beard Ave S Apt 2		10 07 2009
City <u>Minneapolis</u>	State Zip Code MN 55410-2117	Transaction ID: C790114 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Health Partners	Occupation Emergency Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 349.99	
		1

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 411 / 4 / 4 (check only one)
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
/	ACTION CON	mmuee	
Full Name (Last, First, Middle Initial) Andrew R R Zinkel			Date of Receipt
Mailing Address 5215 Beard Ave S Apt 2			12 23 7 2009
City	State	Zip Code	Transaction ID: C820029
Minneapolis FEC ID number of contributing federal political committee.	C	55410-2117	Amount of Each Receipt this Period 83.33
Name of Employer Health Partners	Occupatio		_
Receipt For: Primary General Other (specify)	 	ncy Physician e Year-to-Date ▼ 349.99	
Full Name (Last, First, Middle Initial) Andrew R R Zinkel			Date of Receipt
Mailing Address 5215 Beard Ave S Apt 2			12 31 2009
City Minneapolis	State MN	Zip Code 55410-2117	Transaction ID: C839113
FEC ID number of contributing federal political committee.	C	33410-2117	Amount of Each Receipt this Period 83.33
Name of Employer Health Partners	Occupatio Emerger	n ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 349.99	
Full Name (Last, First, Middle Initial) Bradley Alan Alan Zlotnick			Date of Receipt
Mailing Address 3525 Del Mar Hts Rd	# 139		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: C787824
San Diego	CA	92130-2122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Dr. Bradley Alan Zlotnick	,	ncy Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			416.66
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 412 / 474 (check only one) 11a 11b 11c 12 13 14 15 X 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Political	e name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Benjamin Bernstein Mailing Address 4 South St City Great Neck FEC ID number of contributing federal political committee. Name of Employer Emergency Medical Associates Receipt For: Primary General Other (specify)	State Zip Code NY 11023-1219 C Occupation Emergency Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMITTEE Mailing Address 700 12th Street, NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2010 Primary X General Other (specify)	State Zip Code DC 20005 C C00372102 Occupation Aggregate Year-to-Date 2000.00	Date of Receipt M M D D 29 2009 Transaction ID: C766241 Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) Zach Kassutto Mailing Address 8109 Cadwalader Ave City Elkins Park FEC ID number of contributing federal political committee. Name of Employer EMA NJ Receipt For: Primary General Other (specify)	State Zip Code PA 19027 C Occupation PEM Physician Aggregate Year-to-Date 0.00	Date of Receipt M M M / D D M / 28 / 2009 Transaction ID: C794118 Amount of Each Receipt this Period -50.00
SUBTOTAL of Receipts This Page (optional) .		950.00
TOTAL This Period (last page this line number	only)	950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 413 / 474 (check only one) 11a 11b 11c 12 13 14 15 16 17 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica		on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 Connecticut Ave City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code DC 20036-5308 C Occupation Aggregate Year-to-Date ▼ 678.72	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 Connecticut Ave City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	NW State Zip Code DC 20036-5308 C Occupation Aggregate Year-to-Date ▼ 678.72	Date of Receipt M M M
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 Connecticut Ave City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For:	NW State Zip Code DC 20036-5308 C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Z D O 9 Transaction ID: C851990 Amount of Each Receipt this Period 4.80
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·	33.07

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 414 / 474 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Emergency Medicine Politica		on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 Connecticut Ave City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State Zip Code DC 20036-5308 C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 Connecticut Ave City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State Zip Code DC 20036-5308 C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 Connecticut Ave City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	NW State Zip Code DC 20036-5308 C Occupation Aggregate Year-to-Date ▼ 678.72	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		14.57

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		OR LIN			R:			PA	GE	415	/ 474
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	H	22 28a	Х	23 28b		24 28c	Н	25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar												6
NAME OF COMMITTEE (In Full)												
National Emergency Medicine Political Ad	tion Committee											
Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress					Trans Date o		sburs	eme	D8899 ent)5		
Mailing Address P.O. Box 2232					0 9	М	D 2	23	/ Y	ž	o ŏ s	e Y
City Jenkintown	State Zip Code PA 19046				Amou	nt of	Each	ı Di	sburse	men	t this	Period
Purpose of Disbursement Contributions for Federal Candidates		01	11							10	00.00)
Candidate Name Rep. Allyson Y. Schwartz		Cate	gory/ pe									
9 17	ement For: 2010 (Primary General Other (specify)		-									
State: PA District: 13												
Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress					Trans Date o				D9035 ent	2		
Mailing Address P.O. Box 2232					12	М	D C	2	/ Y	ž	o ŏ s	9 ^Y
City Jenkintown	State Zip Code PA 19046				Amou	nt of	Each	n Di:	sburse		-	
Purpose of Disbursement Contributions for Federal Candidates		01	11							25	00.00)
Candidate Name Rep. Allyson Y. Schwartz		Cate Ty										
¥ 125	ement For: 2010 (Primary General Other (specify) ▼											
State: PA District: 13												
Full Name (Last, First, Middle Initial) AMERICA'S LEADERSHIP PAC					Date o	of Di	sburs	eme		5		
Mailing Address 426 C St NE					0 ^M 7	М	D C	8 0] / L	ž	o ŏ s	e ^Y
City Washington	State Zip Code DC 20002-5839				Amou	nt of	Each	n Di:	sburse	men	t this	Period
Purpose of Disbursement Contributions to Federal PACs/Committees		01	11			_				50	00.00)
Candidate Name AMERICA'S LEADERSHIP PAC		Cate Ty	gory/ pe									
Senate President	ement For: 2009 Primary General Other (specify)											
State: District: Annua	I Contribution											
SUBTOTAL of Disbursements This Page (optional					L.					850	0.00	

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3	Use separate schedule(s	1	NUMBER: PAGE 416 / 474
ITEMIZED DISBURSEMENT		(check only 21b 27	y one) 22 X 23 24 25 2 28a 28b 28c 29 3
Any Information copied from such Reports a or for commercial purposes, other than usin			
NAME OF COMMITTEE (In Full) National Emergency Medicine Pol	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial) AMERIPAC			Transaction ID: D90161 Date of Disbursement
Mailing Address 499 South Capit Suite 414	ol, SW		1 1 N
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal PACs/Committed Candidate Name	ees	011	2500.00
AMERIPAC Office Sought: House	Disbursement For: 2009	Category/ Type	
Senate President	Primary General X Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial) Ben Cardin For Senate	Annual contribution		Transaction ID: D90770 Date of Disbursement
Mailing Address 38 Ivy Street, SE	<u> </u>		1 2 M / 1 6 / Y 2 0 0 9 Y
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011	1000.00
Candidate Name Ben Cardin		Category/ Type	
Office Sought: House X Senate President State: MD District:	Disbursement For: 2012 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) Ben Graber For Congress			Transaction ID: D90016 Date of Disbursement
Mailing Address 2929 UNIVERSI	TY DRIVE SUITE 200		111 / 2009
City CORAL SPRINGS	State Zip Code FL 33065		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011	2500.00
Candidate Name Mr. Benjamin Graber		Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2010 Primary General X Other (specify)		
State: FL District: 19	Special		2000 00
	(optional)	_	6000.00

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 417 / 474 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	tion Committee	
Full Name (Last, First, Middle Initial) Betty Sutton For Congress		Transaction ID: D88206 Date of Disbursement
Mailing Address 1700 W. Market St. #15	5	$ \begin{array}{c c} \hline \\ 0 \\ 7 \\ \hline \end{array} \begin{array}{c c} \hline \\ 2 \\ 9 \\ \hline \end{array} \begin{array}{c c} \hline \\ 2 \\ 0 \\ 0 \\ 9 \\ \hline \end{array} $
City Akron	State Zip Code OH 44313	Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal Candidates		011
Candidate Name Rep. Betty Sutton		ategory/ Type
Senate President	ement For: 2010 Primary General Other (specify)	
State: OH District: 13 Full Name (Last, First, Middle Initial) Betty Sutton For Congress		Transaction ID: D88987
Mailing Address 1700 W. Market St. #19	5	Date of Disbursement O 9 M / D 2 3 / Y Y O 0 9 Y
City Akron	State Zip Code OH 44313	Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal Candidates		1000.00
Candidate Name Rep. Betty Sutton	ı	ategory/ Type
Senate President	ement For: 2010 (Primary General Other (specify)	
State: OH District: 13 Full Name (Last, First, Middle Initial) Bill Owens for Congress		Transaction ID: D89583 Date of Disbursement
Mailing Address PO Box 1575		10 M / 28 / Y Y Y O Y 9 Y
City Plattsburgh	State Zip Code NY 12901-0286	Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions for Federal Candidates		2000.00
Candidate Name Bill Owens for Congress		ategory/ Type
Senate President	ement For: 2009 Primary General Other (specify)	
State: District: Speci	<u>ll</u>	
SUBTOTAL of Disbursements This Page (optional		▶ 4000.00

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		CK only	NUMBE	:K:		L	PAGE	418	/ 4/4
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a		23 28b	24	3c	25 29	
	/ Information copied from such Reports and Stator commercial purposes, other than using the national states.											S
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ction Committee										
<u></u>	Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Car	npaign				Date	of Dis	burse	D87			
	Mailing Address PO Box 12612					0 7	M /	^D 0	8 /	¥ 2	ž 0 ŏ 9	9 '
	City San Antonio	State Zip Code TX 78212				Amou	ınt of	Each	Disbu	rseme	nt this I	Period
	Purpose of Disbursement Contributions to Federal Candidates			011						15	500.00)
	Candidate Name Rep. Charles A. Gonzalez		1	ategor Type	y/							
	Senate President	xsement For: 2010 X Primary General Other (specify)										
	State: TX District: 20 Full Name (Last, First, Middle Initial)					Trans	sactio	n ID:	D87	'852		
	Charles Boustany Jr Md For Congress I Mailing Address PO Box 80126	nc					of Dis		ement 5	Y	ž o ŏ s	a Y
		7'- 0-4										
	City Lafayette	State Zip Code LA 70598				Amou	int of	Each	Disbu		nt this I	
	Purpose of Disbursement Contributions to Federal Candidates		_	011						10	00.00	,
	Candidate Name Mr. Charles Boustany		1	ategor Type	y/							
	Office Sought: X House Senate President State: LA District: 07	sement For: 2010 X Primary General Other (specify)	•									
	Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress I	nc							D90 ement)166		
	Mailing Address PO Box 80126					1 ^M 1	M /	^D 1	8	Y	žoŏs	9 Y
	City Lafayette	State Zip Code LA 70598				Amou	ınt of	Each	Disbu	rseme	nt this I	Perio
	Purpose of Disbursement Contributions to Federal Candidates			011		L.				15	500.00)
	Candidate Name Mr. Charles Boustany			ategor Type	y/							
	Office Sought: X House Senate President State: LA District: 07	sement For: 2010 X Primary General Other (specify) ▼	•									
	STOTO: I A LUCTRICT' (1)											

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy Mailing Address P.O. Box 127 City State Zip Code CT 06410 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Christopher S. Murphy Office Sought: X House Senate President State: CT District: 05 Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee Transaction ID: D90171 Date of Disbursement Initial Disbursement I	Amount of Each Disbursement to the repeted State Sandate Name Rep. Christopher S. Murphy Office Sought: X House Senate President Senate Sandate Name Rep. Christopher S. Murphy Office Sought: X House Senate President Senate Senate President State: CA District: 05 Full Name (Last, First, Middle Initial) Congressam Waxman Campaign Committee Disbursement For: 2010 Category' Type Office Sought: X House Senate President State: CA District: 30 Full Name (Last, First, Middle Initial) Congressam Waxman Campaign Committee Transaction ID: D90171 Date of Disbursement this Period Senate President State: CA District: 30 Full Name (Last, First, Middle Initial) Congressam Waxman Campaign Committee Disbursement For: 2010 Category' Type Transaction ID: D89348 Date of Disbursement Initial Transaction ID: D89344 Date of Disbursement Initial Trans	SCHEDULE B (FEC Form 3X)		R LINE NUMBER: PAGE 419 / 474
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy Malling Address P.O. Box 127 City State CT 06410 Purpose of Disbursement Contributions to Federal Candidates Congressman Waxman Campaign Committee Malling Address 6380 Wilshire Bivd. #1612 City State Zip Code CA 90048 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Henry A. Waxman Office Sought: X House Purpose of Disbursement For: 2010 City State Zip Code CA 90048 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Henry A. Waxman Office Sought: X House Purpose of Disbursement For: 2010 Category' Type Disbursement For: 2010 X Primary General Candidate Name Rep. Henry A. Waxman Office Sought: X House Purpose of Disbursement For: 2010 X Primary General Candidate Name Rep. Henry A. Waxman Office Sought: X Primary General President State: CA District: 30 Full Name (Last, First, Middle Initial) Congressman Waxman Cother (specify) ▼ Transaction ID: D89348 Date of Disbursement Tippe Transaction ID: D89344 Date of Disbursement Tippe Tippe Tippe Tippe Tippe Tippe Tippe T	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy Mailing Address P.O. Box 127 City Cheshire CT 06410 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Pee, Christopher S. Murphy Office Sought: X House President State: CT District: 05 Full Name (Last, First, Middle Initial) Congressama Waxman Campaign Committee Mailing Address 6380 Wilshire Blvd. #1612 City Cos Angeles CA 90048 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Henry A. Waxman Office Sought: X House CA 90048 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Henry A. Waxman Office Sought: X House Senate President Senate President Senate CA District: 30 Full Name (Last, First, Middle Initial) Category/ Type Amount of Each Disbursement 1011 Category/ Type Amount of Each Disbursement this Per Transaction ID: D89348 Date of Disbursement this Per Category/ Type Amount of Each Disbursement this Per Category/ Type Amount of Each Disbursement Amount of Each Disbursement Category/ Type Amount of Each Disbursement Amount of Each Disbursement Category/ Type Amount of Each Disbursement Transaction ID: D89348	TEMIZED DISBURSEMENTS	Detailed Summary Page	21b
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Midde Initial) Committee To Elect Chris Murphy Mailing Address P.O. Box 127 City Cheshire CT 06410 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Arristopher S. Murphy Office Sought: X, House Los Angeles CA 90048 Purpose of Disbursement Condibutions for Federal Candidates Candidate Name Rep. Henry A. Waxman Office Sought: X House Sanate President State: CA District: 05 Full Name (Last, First, Midde Initial) Congressman Waxman Campaign Committee Mailing Address 6380 Wilshire Blvd. #1612 City Cty State Zip Code CA 90048 Purpose of Disbursement Condibutions for Federal Candidates Candidate Name Rep. Henry A. Waxman Office Sought: X House President State: CA District: 30 Disbursement For: 2010 Cardidate Name Rep. Henry A. Waxman City WASHINGTON DC 20024 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Debbie Wasserman Schultz Office Sought: X House President Sanate President Sana	NAME OF COMMITTEE (in Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy Mailing Address P.O. Box 127 City State Zip Code Cheshire CT 06410 Purpose of Disbursement Contributions to Federal Candidates Candidates Name Rep. Christopher S. Murphy Office Sought: X House Senate President State: CT District: 05 Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee Mailing Address 6380 Wilshire Bivd. #1612 City State Zip Code CA 90048 Purpose of Disbursement CA 90048 Purpose of Disbursement CA 90048 Purpose of Disbursement Condidates Candidates Name Rep. Henry A. Waxman Disbursement For: 2010 X Primary General Condidates Candidate Name Rep. Henry A. Waxman Disbursement For: 2010 X Primary General Condidates Candidate Name Rep. Henry A. Waxman Disbursement For: 2010 X Primary General Condidates Candidates Name Rep. Henry A. Waxman Disbursement For: 2010 X Primary General Cother (specify) ▼ Amount of Each Disbursement this Peri Category' Type Transaction ID: D89348 Date of Disbursement Tippe Transaction ID: D89348 Date of Disbursement this Peri Category' Type Amount of Each Disbursement Tippe Transaction ID: D89344 Date of Disbursement Tippe Ti			
Committee To Elect Chris Murphy Mailing Address P.O. Box 127 City State Zip Code CT 06410 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Hong Address 6380 Wilshire Blvd. #1612 City State Zip Code CT 06410 President Disbursement For: 2010 Congressman Waxman Campaign Committee Mailing Address 6380 Wilshire Blvd. #1612 City State Zip Code CA 90048 Purpose of Disbursement Contributions for Federal Candidates	Committee To Elect Chris Murphy Mailing Address P.O. Box 127 City State Zip Code CT 06410 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Christopher S. Murphy Office Sought:	NAME OF COMMITTEE (In Full)		
Mailing Address P.O. Box 127	City Cheshire CT 06410 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Christopher S. Murphy Office Sought: X House President President State: CT District: 05 Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee Mailing Address 6380 Wilshire Blvd. #1612 City State Zip Code CA 90048 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Henry A. Waxman Office Sought: X House Primary General President State: CA District: 30 Full Name (Last, First, Middle Initial) Contributions for Federal Candidates Candidate Name Rep. Henry A. Waxman Office Sought: X House President Senate President President State: CA District: 30 Full Name (Last, First, Middle Initial) DEBBIE WASSERMAN SCHULTZ FOR CONGRESS Mailing Address PO BOX 71147 City State Zip Code Other (specify) ▼ Transaction ID: D89344 Date of Disbursement this Peri Category/ Type Transaction ID: D89344 Date of Disbursement D11 Category/ Type Transaction ID: D89344 Date of Disbursement D12 D13 D13 D13 D14 D14 D15 D15 D14 D15			
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Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS Mailing Address PO Box 8446 City State Zip Code Asheville NC 28814 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Heath Shuler Office Sought: X House President State: NC District: 11 Full Name (Last, First, Middle Initial) TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN Mailing Address 1519 Washington Street City State Zip Code TX 78042 Purpose of Disbursement Contributions for Federal Candidates City State Zip Code TX 78042 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Henry Cuellar City State Zip Code TX 78042 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Henry Cuellar Office Sought: X House Senate President Senate President Senate President Senate President Senate President Senate President Other (specify) ▼ Disbursement For: 2010 Category/ Type Office Sought: X House Senate President Senate President Senate President Other (specify) ▼ Disbursement For: 2010 Category/ Type Office Sought: X House Senate President Other (specify) ▼ Disbursement For: 2010 X Primary General President Other (specify) ▼	Office Sought: X House Disbut	X Primary General	, ,	
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$\left. \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	Action Comm	nittee		
<u>/</u>	Full Name (Last, First, Middle Initial) JIM HIMES FOR CONGRESS				Transaction ID: D90162 Date of Disbursement
	Mailing Address 50 E St SE Ste 1				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
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	Mailing Address PO Box 521048				$\begin{bmatrix}\begin{smallmatrix}M\\O\end{smallmatrix}9^M\end{smallmatrix}\end{bmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}D\\Z\end{smallmatrix}5^D\end{smallmatrix}]^{\prime}\begin{bmatrix}\begin{smallmatrix}Y\\Z\end{smallmatrix}0&0&9^Y\end{smallmatrix}$
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	Office Sought: X House Senate President State: UT District: 02 Full Name (Last, First, Middle Initial) CULBERSON FOR CONGRESS Mailing Address P.O. Box 41964 City Houston Purpose of Disbursement Contributions to Federal Candidates	X Primary Other (spe	General ecify) ▼ Zip Code		Date of Disbursement O 7 O 8
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	Office Sought: X House Senate President State: UT District: 02 Full Name (Last, First, Middle Initial) CULBERSON FOR CONGRESS Mailing Address P.O. Box 41964 City Houston Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. John A. Culberson	X Primary Other (spe	General ecify) Zip Code 77241 2010 General		Date of Disbursement M 7 M / D 0 8 / Y 2 0 0 9 Y Amount of Each Disbursement this Period

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NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Committee		
 Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS			Transaction ID: D87571 Date of Disbursement
Mailing Address c/o Brigette Workmar 430 South Capitol Str			077 08 7 2009
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
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Candidate Name Rep. John B. Larson		Category/ Type	
Office Sought: X House Senate President State: CT District: 01	rrsement For: 2010 X Primary General Other (specify) ▼		
 Full Name (Last, First, Middle Initial) JOHN HALL FOR CONGRESS			Transaction ID: D89776 Date of Disbursement
Mailing Address 499 S Capitol St SW Ste 404			1 1 M / D 0 4 / Y 2 0 0 9 Y
City Washington	State Zip Code DC 20003-4004		Amount of Each Disbursement this Period
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Candidate Name Rep. John J. Hall		Category/ Type	
Office Sought: X House Senate President State: NY District: 19	x Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) JUDY CHU FOR CONGRESS			Transaction ID: D90172 Date of Disbursement
Mailing Address 1531 Purdue Ave			1 1 M / D 1 8 / Y 2 0 0 9 Y
City Los Angeles	State Zip Code CA 90025-3104		Amount of Each Disbursement this Period
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Mailing Address 301 W. Platt Street #	385				0 7			J 8		. 2	0 0 9	
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Mailing Address	P.O. Box 750176	5			12 02 2009
City Petaluma		State CA	Zip Code 94975		Amount of Each Disbursement this Perio
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Candidate Name Rep. Marion Berry				Category/ Type	
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Contributions for Federal Candidates Candidate Name Rep. Mark H. Schauer Office Sought:	GE 453 / 474
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such or NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS Mailing Address PO Box 100 City Battle Creek Mil 49016 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Mark H. Schauer Office Sought: X House Senate President State: III District: 07 Full Name (Last, First, Middle Initial) KIRK FOR Senate President State: III District: 10 Full Name (Last, First, Middle Initial) KIRK FOR Senate President Senate Other (specify) ▼ Transaction ID: D88593 Date of Disbursement Office Sought: X House Senate President State: III District: 10 Full Name (Last, First, Middle Initial) KIRK FOR Senate President Other (specify) ▼ Transaction ID: D88593 Date of Disbursement Candidates Candidates Candidates Name Rep. Mark S. Kirk Office Sought: X House Senate Other (specify) ▼ Full Name (Last, First, Middle Initial) KIRK FOR Senate President Other (specify) ▼ Transaction ID: D88981 Date of Disbursement Other (specify) ▼ Transaction ID: D88981 Date of Disbursement Other (specify) ▼ Transaction ID: D88981 Date of Disbursement Other (specify) ▼ Transaction ID: D88981 Date of Disbursement Other (specify) ▼ Transaction ID: D88981 Date of Disbursement Other (specify) ▼ Transaction ID: D88981 Date of Disbursement Other (specify) ▼ Transaction ID: D88981 Date of Disbursement Other (specify) ▼ Transaction ID: D88981 Date of Disbursement Other (specify) ▼ Transaction ID: D88981 Date of Disbursement Other (specify) ▼ Transaction ID: D88981 Date of Disbursement Other (specify) ▼ Transaction ID: D88981 Date of Disbursement Other (specify) ▼ Transaction ID: D88981 Date of Disbursement Other (specify) ▼ Transaction ID: D88981 Date of Disbursement Other (specify) ▼ Transaction ID: D88981 Date of Disbursement Other (specify) ▼ Date of Disbursement Other (spe	25 29
National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS Mailing Address PO Box 100 City State Zip Code Battle Creek MI 49016 Purpose of Disbursement Contributions for Federal Candidates Candidate Name Persident State: MI District: 07 Full Name (Last, First, Middle Initial) KIRK FOR Senate Winnetka IL District: 10 Full Name (Last, First, Middle Initial) KIRK FOR Senate Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Mark S. Kirk Office Sought: X House Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Mark S. Kirk Office Sought: X House President State: IL District: 10 Full Name (Last, First, Middle Initial) KIRK FOR Senate President State: IL District: 10 Full Name (Last, First, Middle Initial) KIRK FOR Senate President State: IL District: 10 Full Name (Last, First, Middle Initial) KIRK FOR Senate National Candidate Name Rep. Mark S. Kirk Office Sought: X House President State: IL District: 10 Full Name (Last, First, Middle Initial) KIRK FOR Senate Mailing Address PO Box 8 City City City City City City City Cit	
Mailing Address PO Box 100 City Battle Creek MI 49016 Purpose of Disbursement Contributions for Federal Candidates Candidate Name President State: IL District: 10 City State Zip Code MI 49016 Primary General Candidates Candidate Name Clast, First, Middle Initial) KIRK FOR Senate President Contributions for Federal Candidates Candidate Name Rep. Mark S. Kirk Office Sought: X House Senate Primary General Contributions for Federal Candidates Candidate Name Rep. Mark S. Kirk Office Sought: X House Senate Primary X General Candidates Candidate Name Rep. Mark S. Kirk Office Sought: X House Primary X General Candidates City State Zip Code Category' Type Transaction ID: D88598 Date of Disbursement For: 2010 Amount of Each Disbursement For: 2010 Category' Type Transaction ID: D88598 Date of Disbursement For: 2010 Category' Type Transaction ID: D88598 Date of Disbursement For: 2010 Category' Type Transaction ID: D88598 Date of Disbursement For: 2010 Category' Type Transaction ID: D88598 Date of Disbursement For: 2010 Category' Type Transaction ID: D88598 Date of Disbursement For: 2010 Category' Type Transaction ID: D88598 Date of Disbursement For: 2010 Category' Type Disbursement For: 2010 Category' Type Office Sought: X House Disbursement For: 2010 Category' Type Office Sought: X House Disbursement For: 2010 Category' Type Office Sought: X House Disbursement For: 2010 Category' Type	
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	Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC.				Transaction ID: D90776 Date of Disbursement
	Mailing Address P.O. BOX 4023	3			12
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	Candidate Name Rep. Mark E. Souder	Dishara and Fare	0040	Category/ Type	
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NAME OF COMMITTEE (In Full)												
National Emergency Medicine Political Ad	tion Committee											
Full Name (Last, First, Middle Initial) MARY BONO MACK COMMITTEE					Date c	of Di	sburs	eme	D8900 ent)7		
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Full Name (Last, First, Middle Initial) CAPUANO FOR SENATE COMMITTEE			Transaction ID: D89819 Date of Disbursement
Mailing Address 222 3rd St			M M / D D / Y Y Y O Y 9
Ste 234 City Cambridge	State Zip Code MA 02142-1102		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011	5000.00
Candidate Name Rep. Michael E. Capuano		Category/ Type	
Senate President X] (-) / ₩		
State: MA District: 08 Special			
Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND			Transaction ID: D89598 Date of Disbursement
Mailing Address PO Box 133			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
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	State: DE District: 00 Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS				Transaction ID: D88532 Date of Disbursement
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	Candidate Name Rep. Michael H. Michaud Office Sought: X House Disb	X Primary	General		Transaction ID: D89580 Date of Disbursement
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	Mailing Address POST OFFICE BOX 71					0 9		2	23	Ĺ	2	0 ŏ 9	
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ac	tion Committee		
Full Name (Last, First, Middle Initial) Larsen for Congress			Transaction ID: D89596 Date of Disbursement
Mailing Address PO Box 326			10 28 2009
City Everett	State Zip Code WA 98206		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates Candidate Name		011	1000.00
Rep. Rick Larsen	2010	Category/ Type	
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Larsen for Congress			Date of Disbursement
Mailing Address PO Box 326			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} N & N \\ 1 & 1 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} N & N & N \\ 2 & 0 & 0 & 9 \end{smallmatrix} $
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Candidate Name Rep. Rick Larsen		Category/ Type	
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State: WA District: 02 Full Name (Last, First, Middle Initial) RODNEY ALEXANDER FOR CONGRES	S INC		Transaction ID: D90159 Date of Disbursement
Mailing Address 104 Hume Ave	5 IIVO.		11 1
City Alexandria	State Zip Code VA 22301-1019	5	Amount of Each Disbursement this Perio
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Candidate Name Rep. Rodney Alexander		Category/ Type	
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ction Committee		
Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONG	RESS		Transaction ID: D89337 Date of Disbursement
Mailing Address P.O. Box 11519			10 14 / 2009
City Charleston	State Zip Code WV 25339		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates		011	1500.00
Candidate Name Rep. Shelley Moore Moore Capito		Category/ Type	
Senate President	sement For: 2010 X Primary General Other (specify)		
State: WV District: 02 Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONG	BESS		Transaction ID: D90160 Date of Disbursement
Mailing Address P.O. Box 11519			M M / D B / Y Y O O 9
City Charleston	State Zip Code WV 25339		Amount of Each Disbursement this Period
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Candidate Name Rep. Shelley Moore Moore Capito		Category/ Type	
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	Office Sought:	House Senate President District:	Disbursement F		Seneral		
	Full Name (Last, F		I NITTEE				Transaction ID: D87568 Date of Disbursement
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	Candidate Name Sen. Barbara A	. Mikulski	T =			Category/ Type	
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Mailing Address PO BOX 270701							0	М	′	^D 2	8 [/]	Y	ž	0 ŏ 9	Y
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NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	action Committee		
Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U S SE	NATE CAMPAIGN		Transaction ID: D89002 Date of Disbursement
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City SEATTLE	State Zip Code WA 98124		Amount of Each Disbursement this Period
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Candidate Name Sen. Patty Murray		Category/ Type	
X Senate President	rsement For: 2010 X Primary General Other (specify)		
State: WA District: 00 Full Name (Last, First, Middle Initial)			Transaction ID: D89779
WYDEN FOR SENATE			Date of Disbursement
Mailing Address 122 C St NW Ste 505			111
City Washington	State Zip Code DC 20001-2109)	Amount of Each Disbursement this Period
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Candidate Name Sen. Ron Wyden		Category/ Type	
Office Sought: House Disbut X Senate President	rsement For: 2010 Primary X General Other (specify)		
State: OR District: 00 Full Name (Last, First, Middle Initial)			
COLLINS FOR SENATOR			Transaction ID: D87576 Date of Disbursement
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City BANGOR	State Zip Code ME 04402		Amount of Each Disbursement this Period
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Candidate Name Sen. Susan M. Collins		Category/ Type	
X Senate President	rsement For: 2014 X Primary General Other (specify) ▼		
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Full Name (Last, First, Middle Initial) SILK PAC				Transa Date o			D907	79		
Mailing Address PO BOX 286				12	M /	^D 1	6 / C	Ž	o ŏ s	e ^Y
City CALDWELL	State Zip Code NJ 07006-0	286		Amour	nt of	Each	Disburse	emer	t this	Period
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City East Lansing	State Zip Code MI 48826			Amour	nt of	Each	Disburse	-		
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Steve Austria For Congress				Date o		sburse			, · · · ·	V
Mailing Address 2537 Obetz Drive				0 9		^D 2	3	2	o ŏ s	9 '
City Beavercreek	State Zip Code OH 45434			Amour	nt of	Each	Disburse			
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National Emergency Medicine Political	Action Committee		
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Full Name (Last, First, Middle Initial) WEDGEPAC			Transaction ID: D90158 Date of Disbursement
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City Franklin	State Zip Code TN 37068		Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) Ethan Wiener Mailing Address 9 Clinton Ave		Transaction ID: D89623 Date of Disbursement 10
	State Zip Code NJ 07040 010 Category/ Type	Amount of Each Disbursement this Period 700.00
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O.t.	Otata 7ia Oada		Assert (Fact Picture and this Pain
City Irving	State Zip Code TX 75062-811	4	Amount of Each Disbursement this Period
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Candidate Name		Category/ Type	
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Purpose of Disbursement BANK FEES SEPT 09			997.79
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