

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Emergency Medicine Political Action Committee

ADDRESS (number and street) ▼

1125 Executive Circle

☐ Check if different than previously reported. (ACC)

Irving

TX

75038

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00140061

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☒ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Sam Cheng

Signature of Treasurer

Mr. Sam Cheng

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">506414.42</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">270275.89</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">384916.55</span>	<span style="border: 1px solid black; padding: 2px;">466468.99</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">655192.44</span>	<span style="border: 1px solid black; padding: 2px;">972883.41</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">287711.29</span>	<span style="border: 1px solid black; padding: 2px;">605402.26</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">367481.15</span>	<span style="border: 1px solid black; padding: 2px;">367481.15</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

## For further information contact:

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

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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 06 / 30 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

208312.21

233869.53

(ii) Unitemized .....

176600.70

232590.98

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

384912.91

466460.51

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

384912.91

466460.51

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

3.64

8.48

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

384916.55

466468.99

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

384916.55

466468.99

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	3211.29	4070.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3211.29	4070.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	284500.00	601332.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	287711.29	605402.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	287711.29	605402.26

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	384912.91	466460.51
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	384912.91	466460.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	3211.29	4070.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	3211.29	4070.26

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

This amendment is being filed to move bank fees and fundraising expenses from line 29 to line 21B. This also adjusts the period beginning balance to match the ending balance from the previous report filed. Itemization totals changed due to different standards between vendor software.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Miguel A Acevedo Segui**

Mailing Address 2326 Longmoore Ct

City

Orlando

State

FL

Zip Code

32835-5962

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2745213**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ademola Adewale**

Mailing Address 2514 Butler Bay Dr N

City

Windermere

State

FL

Zip Code

34786-6110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742408**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. James B Aiken**

Mailing Address 81 Yosemite Dr

City

New Orleans

State

LA

Zip Code

70131-8661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Van Meter & Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2014

**Transaction ID : C2716035**

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charles Ray Akin**

Mailing Address 10187 Sugar Creek Rd

City

Bentonville

State

AR

Zip Code

72712-8507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charles Ray Akin, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2014

**Transaction ID : C2755738**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Stephen H Andersen**

Mailing Address 12202 E Shangri La Rd

City

Scottsdale

State

AZ

Zip Code

85259-3301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scottsdale Emergency Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2014

**Transaction ID : C2721744**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey D Anderson**

Mailing Address 1305 County Road 65

City

Killen

State

AL

Zip Code

35645-5945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jeffrey D Anderson, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2014

**Transaction ID : C2729745**

Amount of Each Receipt this Period

200.00

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

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

1450.00



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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jim V Antinori**

Mailing Address 3060 Oak Rim Ln

City

Park City

State

UT

Zip Code

84060-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EPIC, LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 10 / 2014

Transaction ID : C2754925

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Carmelito Arkangel**

Mailing Address 7220 Rolling Acres Trl

City

Fair Oaks

State

TX

Zip Code

78015-4023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carmelito Arkangel, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

06 / 03 / 2014

Transaction ID : C2754668

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Brent Asplin**

Mailing Address 121 E Freedom Way

City

Cincinnati

State

OH

Zip Code

45202-3487

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brent Asplin, MD, MPH, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

04 / 16 / 2014

Transaction ID : C2716038

Amount of Each Receipt this Period

83.34

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

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

1183.34

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

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

FOR LINE NUMBER: PAGE 10 OF 256

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Brent Asplin**

Mailing Address 121 E Freedom Way

City State Zip Code  
 Cincinnati OH 45202-3487

FEC ID number of contributing federal political committee.

C

Name of Employer

Brent Asplin, MD, MPH, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 16 2014

Transaction ID : C2736358

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Brent Asplin**

Mailing Address 121 E Freedom Way

City State Zip Code  
 Cincinnati OH 45202-3487

FEC ID number of contributing federal political committee.

C

Name of Employer

Brent Asplin, MD, MPH, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 16 2014

Transaction ID : C2754627

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Andrew Luke Aswegan**

Mailing Address 217 Dove Ln

City State Zip Code  
 Elkton MD 21921-7643

FEC ID number of contributing federal political committee.

C

Name of Employer

ECI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 01 2014

Transaction ID : C2729796

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1166.68

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 11 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bruce S Auerbach**

Mailing Address 211 Park St

Sturdy Meml Hosp

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sturdy Memorial Emergency Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2014

**Transaction ID : C2702716**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Bruce S Auerbach**

Mailing Address 211 Park St

Sturdy Meml Hosp

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sturdy Memorial Emergency Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2014

**Transaction ID : C2726089**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Bruce S Auerbach**

Mailing Address 211 Park St

Sturdy Meml Hosp

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sturdy Memorial Emergency Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2014

**Transaction ID : C2749918**

Amount of Each Receipt this Period

100.00

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

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

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 256  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James Jerome Augustine**

Mailing Address 715 Yankee Trace Dr

City	State	Zip Code
Dayton	OH	45458-3999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physician ManagemenOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2014

**Transaction ID : C2742347**

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

**B. Neal Finley Aulick II**

Mailing Address 11 Aaronwoods Ct

City	State	Zip Code
Wheeling	WV	26003-9358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physician ManagemenOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		12		2014

**Transaction ID : C2762304**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Rashid J Baddoura**

Mailing Address 120 Heights Rd

City	State	Zip Code
Ridgewood	NJ	07450-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Emergency Room AssociatesOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2014

**Transaction ID : C2742409**

Amount of Each Receipt this Period

1000.00

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

2650.00

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

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

FOR LINE NUMBER: PAGE 13 OF 256

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Aaron Barksdale**

Mailing Address 945 S 198th St

City

Elkhorn

State

NE

Zip Code

68022-4843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aaron Barksdale, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2014

Transaction ID : C2738521

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Brien Alfred Barnewolt**

Mailing Address 68 Greenlawn Ave

City

Newton Center

State

MA

Zip Code

02459-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tufts Medical Center EP, LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2014

Transaction ID : C2716036

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Robert Louis Barricella**

Mailing Address 712 Grove Ave

City

Cliffside Pk

State

NJ

Zip Code

07010-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UMDNJ Pediatrics Emergency Group

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 09 / 2014

Transaction ID : C2712502

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 256  
(check only one)

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

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)

**A. Leigh Anderson Barrow**

Mailing Address 2824 E 25th St

City

Tulsa

State

OK

Zip Code

74114-3214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leigh Anderson Barrow, DO, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2014

**Transaction ID : C2719333**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Leigh Anderson Barrow**

Mailing Address 2824 E 25th St

City

Tulsa

State

OK

Zip Code

74114-3214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leigh Anderson Barrow, DO, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2014

**Transaction ID : C2742396**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Leigh Anderson Barrow**

Mailing Address 2824 E 25th St

City

Tulsa

State

OK

Zip Code

74114-3214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leigh Anderson Barrow, DO, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2014

**Transaction ID : C2762355**

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 15 OF 256

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert C Bassler

Mailing Address 2822 E Alden Pl

City

Anaheim

State

CA

Zip Code

92806-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robert C Bassler, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

486.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2014

Transaction ID : C2742348

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Robert C Bassler

Mailing Address 2822 E Alden Pl

City

Anaheim

State

CA

Zip Code

92806-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robert C Bassler, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

486.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2014

Transaction ID : C2762432

Amount of Each Receipt this Period

86.20

Full Name (Last, First, Middle Initial)

C. Robert Bazuro

Mailing Address 3 Miya Ln

City

Sandy Hook

State

CT

Zip Code

06482-1164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robert Bazuro, DO, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2014

Transaction ID : C2730270

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

611.20

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrew I Bern**

Mailing Address 9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Andrew I Bern, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.04

Date of Receipt

04 / 16 / 2014

**Transaction ID : C2716023**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Andrew I Bern**

Mailing Address 9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Andrew I Bern, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.04

Date of Receipt

05 / 16 / 2014

**Transaction ID : C2736355**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Andrew I Bern**

Mailing Address 9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Andrew I Bern, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.04

Date of Receipt

06 / 02 / 2014

**Transaction ID : C2770122**

Amount of Each Receipt this Period

1.00

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

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

167.68



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

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

FOR LINE NUMBER: PAGE 17 OF 256

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Andrew I Bern**

Mailing Address 9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Andrew I Bern, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

501.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2014

Transaction ID : C2754624

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Benjamin Bernstein**

Mailing Address 15 Merrivale Rd

City

Great Neck

State

NY

Zip Code

11021-4924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benjamin Bernstein, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2014

Transaction ID : C2755740

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Michael Bessette**Mailing Address 651 W Mount Pleasant Ave  
EMA

City

Livingston

State

NJ

Zip Code

07039-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medical Associates New Jerse

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2014

Transaction ID : C2754753

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2083.34

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sheila D Best**

Mailing Address 221 Turtle Cove

City

Carrollton

State

GA

Zip Code

30116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sheila D Best, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2762344

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dale Scott Birenbaum**

Mailing Address 3298 Kentshire Blvd

City

Ocoee

State

FL

Zip Code

34761-4621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742410

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Michael D Bishop**

Mailing Address 1155 W 3rd St

Unity Physician Group, PC

City

Bloomington

State

IN

Zip Code

47404-5016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michael D Bishop, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 10 / 2014

Transaction ID : C2754926

Amount of Each Receipt this Period

500.00

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

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

2500.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 256

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Frederick C Blum**

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Virginia University Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

**Transaction ID : C2716034**

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

**B. Frederick C Blum**

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Virginia University Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

**Transaction ID : C2736371**

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

**C. Frederick C Blum**

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Virginia University Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2014

**Transaction ID : C2754635**

Amount of Each Receipt this Period

160.00

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

480.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vincent Michael Blum**

Mailing Address 2910 Sundance Path

City

Stevensville

State

MI

Zip Code

49127-9380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vincent Michael Blum, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2014

Transaction ID : C2754697

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Alexander Bobrov**

Mailing Address 1518 Fishinger Rd

City

Columbus

State

OH

Zip Code

43221-2238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alexander Bobrov, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2014

Transaction ID : C2770140

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Keenan M Bora**

Mailing Address 3475 Ridgeline Ct

City

Ann Arbor

State

MI

Zip Code

48105-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Keenan M Bora, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

04 / 16 / 2014

Transaction ID : C2716039

Amount of Each Receipt this Period

83.33

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

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

583.33

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 256  
(check only one)

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

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)

**A. Keenan M Bora**

Mailing Address 3475 Ridgeline Ct

City

Ann Arbor

State

MI

Zip Code

48105-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Keenan M Bora, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2014

**Transaction ID : C2785088**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Samuel Francis Bosco**

Mailing Address 6 Fox Glove Ct

City

Wynantskill

State

NY

Zip Code

12198-7801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medical Associates New Jerse

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2014

**Transaction ID : C2762345**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Richard B Bounds**Mailing Address 4755 Ogletown Stanton Rd  
Christiana Care Hlth Svcs Ed

City

Newark

State

DE

Zip Code

19718-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Doctors Emergency Services Delaware

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2014

**Transaction ID : C2759353**

Amount of Each Receipt this Period

250.00

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

1333.33

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

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

FOR LINE NUMBER: PAGE 22 OF 256

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Bradford J Bowls**

Mailing Address 121 NW Ivanhoe Blvd

City State Zip Code  
 Orlando FL 32804-5958

FEC ID number of contributing federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang &amp; As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 22 2014

Transaction ID : C2742411

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jefferson Dale Bracey**

Mailing Address 1351 Manorwood St

City State Zip Code  
 Las Vegas NV 89135-1333

FEC ID number of contributing federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 18 2014

Transaction ID : C2719318

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Jefferson Dale Bracey**

Mailing Address 1351 Manorwood St

City State Zip Code  
 Las Vegas NV 89135-1333

FEC ID number of contributing federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 22 2014

Transaction ID : C2742397

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

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

1166.66

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 256

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jefferson Dale Bracey**

Mailing Address 1351 Manorwood St

City

Las Vegas

State

NV

Zip Code

89135-1333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : C2762356**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Jennifer H Bradstreet**

Mailing Address 249 S Franklin St

City

Chagrin Falls

State

OH

Zip Code

44022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2014

**Transaction ID : C2719319**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Jennifer H Bradstreet**

Mailing Address 249 S Franklin St

City

Chagrin Falls

State

OH

Zip Code

44022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2014

**Transaction ID : C2742398**

Amount of Each Receipt this Period

83.33

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

249.99

**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  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer H Bradstreet**

Mailing Address 249 S Franklin St

City State Zip Code  
 Chagrin Falls OH 44022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : C2762357**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Alkesh Brahmabhatt**

Mailing Address 1441 Langham Ter

City State Zip Code  
 Lake Mary FL 32746-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : C2742412**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Sabina A Braithwaite**

Mailing Address PO Box 780809

City State Zip Code  
 Wichita KS 67278-0809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Virginia Hopsital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : C2716022**

Amount of Each Receipt this Period

83.34

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

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

1166.67



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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sabina A Braithwaite**

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278-0809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Virginia Hopsital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2014

**Transaction ID : C2736354**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Sabina A Braithwaite**

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278-0809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Virginia Hopsital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2014

**Transaction ID : C2754623**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Andrea M Brault**

Mailing Address 444 E Huntington Dr  
Emer Grps Ofc

City

Arcadia

State

CA

Zip Code

91006-6258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Group Office

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2716017**

Amount of Each Receipt this Period

250.00

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

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

416.68

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

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

FOR LINE NUMBER: PAGE 26 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert I Broida**

Mailing Address PO Box 5404

City State Zip Code  
Fairlawn OH 44334-0404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physician Managemen

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742350**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Eric D Brown**

Mailing Address 9251 Lawing School Rd

City State Zip Code  
Charlotte NC 28214-8694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physicians

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : C2719320**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Eric D Brown**

Mailing Address 9251 Lawing School Rd

City State Zip Code  
Charlotte NC 28214-8694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physicians

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742399**

Amount of Each Receipt this Period

83.33

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

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

1166.66

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eric D Brown**

Mailing Address 9251 Lawing School Rd

City State Zip Code  
Charlotte NC 28214-8694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physicians

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : C2762358**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Willie Charles Bruce**

Mailing Address 126 Enclave Ave

City State Zip Code  
Deland FL 32724-8072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Willie Charles Bruce, DO

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2014

**Transaction ID : C2769982**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Gary Bubly**

Mailing Address 164 Summit Ave  
Miriam Hosp

City State Zip Code  
Providence RI 02906-2853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Emergency Medicine Foundati

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : C2725382**

Amount of Each Receipt this Period

500.00

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

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

683.33

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Michael Burton**

Mailing Address 3875 Geist Rd

Golden Heart Emer Phys # 381

City

Fairbanks

State

AK

Zip Code

99709-3564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michael Burton, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

**Transaction ID : C2769987**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Joel E Buzy**

Mailing Address 10409 Snapdragon PI

City

North Potomac

State

MD

Zip Code

20878-4324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY  
04 / 08 / 2014

**Transaction ID : C2712495**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Joel E Buzy**

Mailing Address 10409 Snapdragon PI

City

North Potomac

State

MD

Zip Code

20878-4324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY  
04 / 29 / 2014

**Transaction ID : C2729616**

Amount of Each Receipt this Period

100.00

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

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

450.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joel E Buzy**

Mailing Address 10409 Snapdragon Pl

City

North Potomac

State

MD

Zip Code

20878-4324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : C2745200**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Joel E Buzy**

Mailing Address 10409 Snapdragon Pl

City

North Potomac

State

MD

Zip Code

20878-4324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2770142**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Amabel-Jovan C Cabatu**

Mailing Address 14081 Portrush Dr

City

Orlando

State

FL

Zip Code

32828-8241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742413**

Amount of Each Receipt this Period

1000.00

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

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

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 30 OF 256

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph J Calabro

Mailing Address 15 Hance Rd

City

Fair Haven

State

NJ

Zip Code

07704-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Physical Practice Enhancement

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 22 / 2014

Transaction ID : C2720290

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jorge L Cambo

Mailing Address 1143 Raintree PI

City

Winter Park

State

FL

Zip Code

32789-2563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Physicians Specialists

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2014

Transaction ID : C2722132

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael L Carius

Mailing Address 75 Oak Bluff Ave

City

Stratford

State

CT

Zip Code

06615-7714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norwalk Hospital Emergency Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : C2757066

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 256  
(check only one)

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

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)

**A. Jesse Caron**

Mailing Address 500 Winderley Pl

FL Emer Phys

City

State

Zip Code

Maitland

FL

32751-7406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang &amp; As

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	4

**Transaction ID : C2742414**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Horace R Carson**

Mailing Address 10472 Danwin Ct

City

State

Zip Code

Waldorf

MD

20601-3968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summa Emergency Associates Incorporate

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	4

**Transaction ID : C2719282**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. John Casey**

Mailing Address 5156 Baker Ridge Dr

City

State

Zip Code

Columbus

OH

43228-1794

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	4

**Transaction ID : C2719321**

Amount of Each Receipt this Period

85.00

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

1385.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Casey**

Mailing Address 5156 Baker Ridge Dr

City

Columbus

State

OH

Zip Code

43228-1794

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742400**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. John Casey**

Mailing Address 5156 Baker Ridge Dr

City

Columbus

State

OH

Zip Code

43228-1794

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2762359**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Michael Cetta**

Mailing Address 16 Piney Glen Ct

City

Potomac

State

MD

Zip Code

20854-1411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 12 / 2014

**Transaction ID : C2730538**

Amount of Each Receipt this Period

2000.00

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

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

2170.00



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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Kahang Lee Chan**

Mailing Address 1618 Bridgewater Dr

City

Lake Mary

State

FL

Zip Code

32746-4103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang &amp; As

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

Transaction ID : C2742415

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Douglas Mark Char**

Mailing Address 4226 Laclede Ave

City

Saint Louis

State

MO

Zip Code

63108-2815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington University - Missouri

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2014

Transaction ID : C2721360

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mary Anna Chiu**

Mailing Address 10220 N Orchard Ln

City

Spokane

State

WA

Zip Code

99208-5523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Anna Chiu, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2014

Transaction ID : C2763520

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

1600.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mary Anna Chiu**

Mailing Address 10220 N Orchard Ln

City

Spokane

State

WA

Zip Code

99208-5523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Anna Chiu, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764868

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Neil L Christen**

Mailing Address 4805 Laurel Trce

City

Anniston

State

AL

Zip Code

36207-9300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neil L Christen, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 28 / 2014

Transaction ID : C2745201

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. James A Chua-Tuan**

Mailing Address 9303 Quinton Ave

City

Lubbock

State

TX

Zip Code

79424-5109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EmCare Incorporated

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742351

Amount of Each Receipt this Period

250.00

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

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

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 35 OF 256

(check only one)

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

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)

**A. L Anthony Cirillo**

Mailing Address 91 Woodridge Dr

City

Saunderstown

State

RI

Zip Code

02874-1943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2014

Transaction ID : C2719322

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. L Anthony Cirillo**

Mailing Address 91 Woodridge Dr

City

Saunderstown

State

RI

Zip Code

02874-1943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2014

Transaction ID : C2742401

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. L Anthony Cirillo**

Mailing Address 91 Woodridge Dr

City

Saunderstown

State

RI

Zip Code

02874-1943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2014

Transaction ID : C2762360

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

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

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 36 OF 256

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Leonardo Cisneros**

Mailing Address 2365 Forrest Rd

City  
Winter Park

State Zip Code  
FL 32789-6028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Emergency Physicians Kang & As

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742416**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Carol L Clark**

Mailing Address 3601 W 13 Mile Rd  
William Beaumont Hosp ED

City  
Royal Oak

State Zip Code  
MI 48073-6712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carol L Clark, MD, MBA, FACEP

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2014

**Transaction ID : C2764015**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. R Carter Clements**

Mailing Address 5558 Taft Ave

City  
Oakland

State Zip Code  
CA 94618-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oakcare Medical Group

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2014

**Transaction ID : C2716561**

Amount of Each Receipt this Period

83.34

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

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

2083.34

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 256

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. R Carter Clements**

Mailing Address 5558 Taft Ave

City	State	Zip Code
Oakland	CA	94618-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oakcare Medical Group

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	17	/	2014

**Transaction ID : C2738730**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. R Carter Clements**

Mailing Address 5558 Taft Ave

City	State	Zip Code
Oakland	CA	94618-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oakcare Medical Group

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2014

**Transaction ID : C2755788**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Orion J Colfer**

Mailing Address 2523 Hanover Ave

City	State	Zip Code
Richmond	VA	23220-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	18	/	2014

**Transaction ID : C2719327**

Amount of Each Receipt this Period

50.00

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

216.68

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Orion J Colfer**

Mailing Address 2523 Hanover Ave

City

Richmond

State

VA

Zip Code

23220-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

Transaction ID : C2742402

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Orion J Colfer**

Mailing Address 2523 Hanover Ave

City

Richmond

State

VA

Zip Code

23220-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2014

Transaction ID : C2762361

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Helene Connolly**

Mailing Address 500 Thatcher Ave

City

River Forest

State

IL

Zip Code

60305-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Helene Connolly, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2014

Transaction ID : C2729634

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher M Contino**

Mailing Address 30 Conklin Ln

City State Zip Code  
Huntington NY 11743-2518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Huntington Hospital

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : C2770146**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David Thomas Cook**

Mailing Address 809 Bridgetown Pass

City State Zip Code  
Mt Pleasant SC 29464-8330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charleston Emergency Services

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742352**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Marco Coppola**

Mailing Address 7105 Waldon Ct

City State Zip Code  
Colleyville TX 76034-7319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marco Coppola, DO, FACEP

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742353**

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher Corbit**

Mailing Address 1075 Mornington Cir

City

Uniontown

State

OH

Zip Code

44685-6244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 18 / 2014

**Transaction ID : C2719324**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Christopher Corbit**

Mailing Address 1075 Mornington Cir

City

Uniontown

State

OH

Zip Code

44685-6244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742403**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Christopher Corbit**

Mailing Address 1075 Mornington Cir

City

Uniontown

State

OH

Zip Code

44685-6244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2762362**

Amount of Each Receipt this Period

83.33

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

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

249.99



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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Kathleen Cowling**

Mailing Address 3400 Midland Rd

City

Saginaw

State

MI

Zip Code

48603-9634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Health Care

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : C2729965

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Robert J Cox**

Mailing Address 817 Thomaston St

City

Barnesville

State

GA

Zip Code

30204-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EmergiNet

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : C2764021

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Richard Cressey**

Mailing Address 18 Summer St

City

Andover

State

MA

Zip Code

01810-3687

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Richard Cressey, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2014

Transaction ID : C2754937

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

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

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

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Geoffrey M Crockett**

Mailing Address 652 N Pioneer Fork Rd

City

Salt Lake Cty

State

UT

Zip Code

84108-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Intermountain Health Care Park City Me

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 18 / 2014

Transaction ID : C2738881

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. James Michael Cusick**

Mailing Address 1077 Race St

City

Denver

State

CO

Zip Code

80206-2832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

James Michael Cusick, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

04 / 16 / 2014

Transaction ID : C2716044

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. James Michael Cusick**

Mailing Address 1077 Race St

City

Denver

State

CO

Zip Code

80206-2832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

James Michael Cusick, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

05 / 16 / 2014

Transaction ID : C2736363

Amount of Each Receipt this Period

83.34

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

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

566.68

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 256  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James Michael Cusick**

Mailing Address 1077 Race St

City

Denver

State

CO

Zip Code

80206-2832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

James Michael Cusick, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2014

**Transaction ID : C2754632**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Randal L Dabbs**Mailing Address 265 Brookview Centre Way  
Team Health

City

Knoxville

State

TN

Zip Code

37919-4052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Randal L Dabbs, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2014

**Transaction ID : C2766164**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Charles Dalmedo**

Mailing Address 15 Hewlett Ln

City

Oakdale

State

NY

Zip Code

11769-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	18	/	2014

**Transaction ID : C2719338**

Amount of Each Receipt this Period

83.33

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

1166.67

**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 44 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charles Dalmedo**

Mailing Address 15 Hewlett Ln

City State Zip Code  
Oakdale NY 11769-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physicians

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742404**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Jeffery W Davies**

Mailing Address PO Box 3590

City State Zip Code  
Camarillo CA 93011-3590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jeffery W Davies, DO

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2014

**Transaction ID : C2762517**

Amount of Each Receipt this Period

86.20

Full Name (Last, First, Middle Initial)

**C. Steven Edward Davis**

Mailing Address 444 Dillon Cir NE

City State Zip Code  
North Canton OH 44720-7863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Canton Aultman Emergency Physicians

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2014

**Transaction ID : C2754781**

Amount of Each Receipt this Period

500.00

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

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

669.53

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William A Davison**

Mailing Address 3901 Kinnery Run

City

Tampa

State

FL

Zip Code

33618-2720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

William A Davison, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 16 / 2014

**Transaction ID : C2738516**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Robert J Day**

Mailing Address 1720 Oak Leaf Ln

City

Powell

State

OH

Zip Code

43065-9516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robert J Day, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2014

**Transaction ID : C2729438**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Wendy DeMartino**

Mailing Address 135 High St

City

Exeter

State

NH

Zip Code

03833-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 18 / 2014

**Transaction ID : C2719326**

Amount of Each Receipt this Period

83.33

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

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

1333.33

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 256  
(check only one)

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

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)

**A. Wendy DeMartino**

Mailing Address 135 High St

City	State	Zip Code
Exeter	NH	03833-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physician ManagemenOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2014

**Transaction ID : C2742405**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Wendy DeMartino**

Mailing Address 135 High St

City	State	Zip Code
Exeter	NH	03833-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physician ManagemenOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : C2762363**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Carrie DeMoor**

Mailing Address 4701 Paxton Ln

City	State	Zip Code
Frisco	TX	75034-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Service PartnersOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2014

**Transaction ID : C2704500**

Amount of Each Receipt this Period

250.00

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

416.66

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carrie DeMoor**

Mailing Address 4701 Paxton Ln

City  
Frisco

State  
TX

Zip Code  
75034-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Service Partners

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : C2769999**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Clifford J Denney**

Mailing Address 3603 Ethan Ln

City  
Orlando

State  
FL

Zip Code  
32814-6571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742417**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Paul DePonte**

Mailing Address 107 Baytree Ct

City  
Winter Spgs

State  
FL

Zip Code  
32708-5122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742418**

Amount of Each Receipt this Period

1000.00

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

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

2025.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kathryn K Dierks**

Mailing Address 26059 Valley Dr

City

Bettendorf

State

IA

Zip Code

52722-6366

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kathryn K Dierks, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742355**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jno Jacob Disch**

Mailing Address 3892 Savoy Dr

City

Cleveland

State

OH

Zip Code

44126-1766

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 02 / 2014

**Transaction ID : C2754741**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Bram A Dolcourt**

Mailing Address 499 Dunston Rd

City

Bloomfld Hls

State

MI

Zip Code

48304-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center Emergency Services

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 19 / 2014

**Transaction ID : C2740220**

Amount of Each Receipt this Period

500.00

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

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

2250.00



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 256

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marc M Dreier**

Mailing Address 295 Richards Rd

City

Ridgewood

State

NJ

Zip Code

07450-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Emergency Room Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2014

**Transaction ID : C2719294**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Nicholas Dyc**

Mailing Address 13821 Fawn Woods Ct

City

Plymouth

State

MI

Zip Code

48170-5253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nicholas Dyc, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2014

**Transaction ID : C2742356**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mark R Dziedzic**

Mailing Address 136 Steele Rd

City

West Hartford

State

CT

Zip Code

06119-1048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northeast Emergency Medicine Specialis

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2014

**Transaction ID : C2762244**

Amount of Each Receipt this Period

250.00

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

1750.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 256

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Emile El-Shammaa**

Mailing Address 287 Bristol Way

City

Worthington

State

OH

Zip Code

43085-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emile El-Shammaa, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2014

**Transaction ID : C2721652**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Rachel A English**

Mailing Address 1825 N 74th St

City

Milwaukee

State

WI

Zip Code

53213-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ECI

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2014

**Transaction ID : C2735061**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Clifford Erickson**

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2014

**Transaction ID : C2719331**

Amount of Each Receipt this Period

83.33

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

683.33

**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 51 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Clifford Erickson**

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742406

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Clifford Erickson**

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 18 / 2014

Transaction ID : C2762364

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Ofer Faig**

Mailing Address 12202 Sienna Rosa Ln

City

Houston

State

TX

Zip Code

77041-6074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ofer Faig, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2014

Transaction ID : C2767204

Amount of Each Receipt this Period

500.00

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

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

666.66

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

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

FOR LINE NUMBER: PAGE 52 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Justin W Fairless**

Mailing Address 4010 E 118th Blvd

City

Tulsa

State

OK

Zip Code

74137-6113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : C2719328**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Justin W Fairless**

Mailing Address 4010 E 118th Blvd

City

Tulsa

State

OK

Zip Code

74137-6113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742419**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Justin W Fairless**

Mailing Address 4010 E 118th Blvd

City

Tulsa

State

OK

Zip Code

74137-6113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : C2762365**

Amount of Each Receipt this Period

83.33

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

249.99

**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 53 OF 256

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Phillip George Fairweather

Mailing Address 7901 Broadway

Elmhurst Hosp Ctr

City

Elmhurst

State

NY

Zip Code

11373-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Phillip George Fairweather, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : C2762109

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Angelo L Falcone

Mailing Address 12410 Milestone Center Dr

Med Emer Prof Llc

City

Germantown

State

MD

Zip Code

20876-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2014

Transaction ID : C2730641

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Mark Favot

Mailing Address 1190 Wakefield St

City

Birmingham

State

MI

Zip Code

48009-3088

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center Emergency Services

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2014

Transaction ID : C2729645

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

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 54 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Scott E Felten**

Mailing Address 11122 S Harvard Ave

City State Zip Code  
Tulsa OK 74137-7810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physician Managemen

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : C2719329**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Scott E Felten**

Mailing Address 11122 S Harvard Ave

City State Zip Code  
Tulsa OK 74137-7810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physician Managemen

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742420**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. David N Ferrand**

Mailing Address 193 Bryna Ln

City State Zip Code  
Carnegie PA 15106-1473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physician Managemen

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

529.98

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : C2719330**

Amount of Each Receipt this Period

88.33

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

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

254.99

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

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

FOR LINE NUMBER: PAGE 55 OF 256

(check only one)

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

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)

**A. David N Ferrand**

Mailing Address 193 Bryna Ln

City	State	Zip Code
Carnegie	PA	15106-1473

FEC ID number of contributing federal political committee.

C

Name of Employer  
Emergency Medicine Physician Managemen

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

529.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2014

Transaction ID : C2742421

Amount of Each Receipt this Period

88.33

Full Name (Last, First, Middle Initial)

**B. David N Ferrand**

Mailing Address 193 Bryna Ln

City	State	Zip Code
Carnegie	PA	15106-1473

FEC ID number of contributing federal political committee.

C

Name of Employer  
Emergency Medicine Physician Managemen

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

529.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		18		2014

Transaction ID : C2762366

Amount of Each Receipt this Period

88.33

Full Name (Last, First, Middle Initial)

**C. Todd Fijewski**

Mailing Address 2509 Minton Dr

City	State	Zip Code
Coraopolis	PA	15108-9207

FEC ID number of contributing federal political committee.

C

Name of Employer  
Emergency Medicine Physician Managemen

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2014

Transaction ID : C2742357

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

426.66

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 56 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael W Fill**

Mailing Address 5653 Deer Run Ln

City State Zip Code  
Dexter MI 48130-9357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michael W Fill, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742358**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. J Clifford Findeiss**

Mailing Address 2824 NE 27th St

City State Zip Code  
Ft Lauderdale FL 33306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J Clifford Findeiss, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742359**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. John T Finnell II**

Mailing Address 505 S 5th St

City State Zip Code  
Zionsville IN 46077-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana University Health Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

**Transaction ID : C2712474**

Amount of Each Receipt this Period

83.34

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

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

1583.34



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

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

FOR LINE NUMBER: PAGE 57 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John T Finnell II**

Mailing Address 505 S 5th St

City

Zionsville

State

IN

Zip Code

46077-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana University Health Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2014

**Transaction ID : C2730271**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. John T Finnell II**

Mailing Address 505 S 5th St

City

Zionsville

State

IN

Zip Code

46077-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana University Health Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2014

**Transaction ID : C2753928**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Juan Francisco Fitz**

Mailing Address 6003 84th St

City

Lubbock

State

TX

Zip Code

79424-3686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Aeromedical Specialist

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2716050**

Amount of Each Receipt this Period

83.34

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

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

250.02

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 58 OF 256  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Juan Francisco Fitz**

Mailing Address 6003 84th St

City

Lubbock

State

TX

Zip Code

79424-3686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Aeromedical Specialist

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

**Transaction ID : C2736372**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Juan Francisco Fitz**

Mailing Address 6003 84th St

City

Lubbock

State

TX

Zip Code

79424-3686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Aeromedical Specialist

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2014

**Transaction ID : C2754636**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Kelly Foley**

Mailing Address 1133 Pond Cypress Dr

City

Virginia Beach

State

VA

Zip Code

23455-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Physicians of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

**Transaction ID : C2716043**

Amount of Each Receipt this Period

83.33

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

250.01

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kelly Foley**

Mailing Address 1133 Pond Cypress Dr

City

Virginia Beach

State

VA

Zip Code

23455-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Physicians of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 16 / 2014

**Transaction ID : C2736362**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Kelly Foley**

Mailing Address 1133 Pond Cypress Dr

City

Virginia Beach

State

VA

Zip Code

23455-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Physicians of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 16 / 2014

**Transaction ID : C2754631**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. John Anthony Fontanetta**

Mailing Address 1 Clara Maass Dr  
 Clara Maass Med Ctr

City

Belleville

State

NJ

Zip Code

07109-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medical Associates New Jerse

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 16 / 2014

**Transaction ID : C2755741**

Amount of Each Receipt this Period

250.00

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

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

416.66

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marsha D Ford**

Mailing Address PO Box 32861

Carolinas Med Ctr ED

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marsha D Ford, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
04 / 17 / 2014

**Transaction ID : C2716560**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Jacqueline Frazer**

Mailing Address 8601 Joshua Ct

City

N Richlnd Hls

State

TX

Zip Code

76182-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jacqueline Frazer, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 29 / 2014

**Transaction ID : C2753820**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Scott H Freedman**

Mailing Address 12814 Doe Ln

City

Gaithersburg

State

MD

Zip Code

20878-6105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
05 / 12 / 2014

**Transaction ID : C2730561**

Amount of Each Receipt this Period

2000.00

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

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

2625.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 61 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vidor E Friedman**

Mailing Address 13061 Water Point Blvd

City

Windermere

State

FL

Zip Code

34786-5818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742422

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Vicki Kay Friend**

Mailing Address 5753 Aloma Woods Blvd

City

Oviedo

State

FL

Zip Code

32765-9437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742423

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Wayne S Friestad**

Mailing Address 1528 Langham Ter

City

Lake Mary

State

FL

Zip Code

32746-1971

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742424

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 62 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert Anthony Frolichstein**

Mailing Address 22919 Fossil Peak

City

San Antonio

State

TX

Zip Code

78261-3024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robert Anthony Frolichstein, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 01 / 2014

**Transaction ID : C2729785**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Anita Marie Gage**

Mailing Address 2174 N Hametown Rd

City

Akron

State

OH

Zip Code

44333-1026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : C2719332**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Anita Marie Gage**

Mailing Address 2174 N Hametown Rd

City

Akron

State

OH

Zip Code

44333-1026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742425**

Amount of Each Receipt this Period

83.33

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

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

416.66

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 256  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anita Marie Gage**

Mailing Address 2174 N Hametown Rd

City	State	Zip Code
Akron	OH	44333-1026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physician ManagemenOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2014

**Transaction ID : C2762367**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. William Stephen Gallea**

Mailing Address PO Box 6622

City	State	Zip Code
Helena	MT	59604-6622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lewis & Clark Emergency PhysiciansOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2014

**Transaction ID : C2764049**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Brett A Gamma**

Mailing Address 14930 Finegan Farm Dr

City	State	Zip Code
Germantown	MD	20874-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Emergency Professional LLCOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	12	/	2014

**Transaction ID : C2730613**

Amount of Each Receipt this Period

2000.00

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

2333.33

**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 64 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Angela F Gardner**

Mailing Address 3809 W T Parr Rd

City State Zip Code  
 Grapevine TX 76051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Angela F Gardner, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : C2716024**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Angela F Gardner**

Mailing Address 3809 W T Parr Rd

City State Zip Code  
 Grapevine TX 76051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Angela F Gardner, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : C2736356**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Angela F Gardner**

Mailing Address 3809 W T Parr Rd

City State Zip Code  
 Grapevine TX 76051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Angela F Gardner, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C2754625**

Amount of Each Receipt this Period

83.33

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

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

249.99



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 65 OF 256  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James P Gardner**

Mailing Address 5421 Gharrett Ave

City

Missoula

State

MT

Zip Code

59803-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Montana Emergency Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2014

**Transaction ID : C2721706**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Michael David Garfinkel**

Mailing Address 659 Lorenwood Dr

City

Hermitage

State

PA

Zip Code

16148-8803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2014

**Transaction ID : C2719335**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Michael David Garfinkel**

Mailing Address 659 Lorenwood Dr

City

Hermitage

State

PA

Zip Code

16148-8803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2014

**Transaction ID : C2742426**

Amount of Each Receipt this Period

83.33

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

666.66

**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 66 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael David Garfinkel**

Mailing Address 659 Lorenwood Dr

City State Zip Code  
Hermitage PA 16148-8803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physician Managemen

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : C2762368**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Marianne Gausche-Hill**

Mailing Address 719 21st St

City State Zip Code  
Hermosa Beach CA 90254-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marianne Gausche-Hill, MD, FACEP

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : C2721707**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Reginald Gaylord**

Mailing Address 5740 S King Dr

City State Zip Code  
Chicago IL 60637-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Physician Medical Group PC

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 08 / 2014

**Transaction ID : C2729636**

Amount of Each Receipt this Period

250.00

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

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

583.33

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 67 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Reginald Gaylord**

Mailing Address 5740 S King Dr

City  
Chicago

State  
IL

Zip Code  
60637-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Physician Medical Group PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 15 / 2014

**Transaction ID : C2762314**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Daniel C Geary**

Mailing Address 142 Woodshire Rd

City  
Pittsburgh

State  
PA

Zip Code  
15215-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

04 / 18 / 2014

**Transaction ID : C2719336**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. Daniel C Geary**

Mailing Address 142 Woodshire Rd

City  
Pittsburgh

State  
PA

Zip Code  
15215-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742428**

Amount of Each Receipt this Period

83.33

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

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

266.66

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

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

FOR LINE NUMBER: PAGE 68 OF 256

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel C Geary

Mailing Address 142 Woodshire Rd

City

Pittsburgh

State

PA

Zip Code

15215-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2014

Transaction ID : C2742427

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Daniel C Geary

Mailing Address 142 Woodshire Rd

City

Pittsburgh

State

PA

Zip Code

15215-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2014

Transaction ID : C2762369

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Ryan Geers

Mailing Address 1017 Urbancrest Dr

City

Cincinnati

State

OH

Zip Code

45226-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ryan Geers, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 07 / 2014

Transaction ID : C2703530

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

366.66

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 256

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ryan Geers**

Mailing Address 1017 Urbancrest Dr

City

Cincinnati

State

OH

Zip Code

45226-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ryan Geers, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2014

**Transaction ID : C2721614**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Christopher M Gentle**

Mailing Address 10131 Roulette Dr

City

Hagerstown

State

MD

Zip Code

21740-1492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christopher M Gentle, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2014

**Transaction ID : C2738499**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. James E George**Mailing Address 307 S Evergreen Ave  
Emer Phys Assoc

City

Woodbury

State

NJ

Zip Code

08096-2739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Team Health

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : C2762346**

Amount of Each Receipt this Period

1000.00

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

1600.00

**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 70 OF 256

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donald E Gibbons III

Mailing Address 6451 Ellsworth Ave

City  
DallasState  
TXZip Code  
75214-2723FEC ID number of contributing  
federal political committee.

C

Name of Employer

Questcare Medical Services

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 09 / 2014

Transaction ID : C2712497

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Andrew Goldman

Mailing Address 428 Raccoon St

City  
Lake MaryState  
FLZip Code  
32746-3802FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang &amp; As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2014

Transaction ID : C2742429

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Michael Goodloe

Mailing Address 3720 E 99th Pl

City  
TulsaState  
OKZip Code  
74137-5231FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jeffrey Michael Goodloe, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2014

Transaction ID : C2716049

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 71 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Louis G Graff**

Mailing Address 130 Oakridge

City

Unionville

State

CT

Zip Code

06085-1480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louis G Graff, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 05 / 2014

**Transaction ID : C2754804**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Ronald Eugene Graham**

Mailing Address 2104 Pell St

City

Scottsboro

State

AL

Zip Code

35769-3940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Medical Group

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 27 / 2014

**Transaction ID : C2764762**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Stephen A D Grant**

Mailing Address 1 Cherry Hills Dr

City

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stephen A D Grant, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

04 / 16 / 2014

**Transaction ID : C2716041**

Amount of Each Receipt this Period

83.34

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

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

1183.34

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 256

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephen A D Grant**

Mailing Address 1 Cherry Hills Dr

City

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stephen A D Grant, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

**Transaction ID : C2736360**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Stephen A D Grant**

Mailing Address 1 Cherry Hills Dr

City

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stephen A D Grant, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2014

**Transaction ID : C2754629**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Rachelle Ann Greenman**

Mailing Address 122 Renaissance Dr

City

Cherry Hill

State

NJ

Zip Code

08003-5102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rachelle Ann Greenman, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

**Transaction ID : C2738722**

Amount of Each Receipt this Period

1000.00

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

1166.68

**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 73 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Owen Grossman**

Mailing Address 169 Lake Penchant Ct

City State Zip Code  
Houma LA 70360-8322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EmCare Incorporated

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : C2767203**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Michael Gary Guttenberg**

Mailing Address 11 Glen Hill Ln

City State Zip Code  
Tarrytown NY 10591-5055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore Forest Hills Emergency Phy

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2716037**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Thomas E Gutwein**

Mailing Address 2429 Lake Ridge Dr

City State Zip Code  
Fort Wayne IN 46804-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Professional Emergency Physicians Inco

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 02 / 2014

**Transaction ID : C2729627**

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Timothy James Hall**

Mailing Address 1380 Woodhurst Dr

City

Rock Hill

State

SC

Zip Code

29732-2082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 18 / 2014

**Transaction ID : C2719334**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Timothy James Hall**

Mailing Address 1380 Woodhurst Dr

City

Rock Hill

State

SC

Zip Code

29732-2082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742430**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Timothy James Hall**

Mailing Address 1380 Woodhurst Dr

City

Rock Hill

State

SC

Zip Code

29732-2082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2762370**

Amount of Each Receipt this Period

83.33

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

249.99

**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 75 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert Jason Hallock**

Mailing Address 2124 Bay Front Ter

City

Annapolis

State

MD

Zip Code

21409-5705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : C2762110**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Allison Leigh Harvey**

Mailing Address 532 Water Garden Ct

City

Irmo

State

SC

Zip Code

29063-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolina Care

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : C2754810**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jonathan Heidt**

Mailing Address One Hospital Dr

University Hosp Dept of EM

City

Columbia

State

MO

Zip Code

65203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jonathan Heidt, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY  
04 / 16 / 2014

**Transaction ID : C2716016**

Amount of Each Receipt this Period

83.33

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

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

2083.33

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

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

FOR LINE NUMBER: PAGE 76 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jonathan Heidt**

Mailing Address One Hospital Dr

University Hosp Dept of EM

City

Columbia

State

MO

Zip Code

65203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jonathan Heidt, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2014

**Transaction ID : C2736351**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Jonathan Heidt**

Mailing Address One Hospital Dr

University Hosp Dept of EM

City

Columbia

State

MO

Zip Code

65203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jonathan Heidt, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2014

**Transaction ID : C2754622**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Carlton E Heine**

Mailing Address 2986 Foster Ave

City

Juneau

State

AK

Zip Code

99801-1956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEMA Physicians Services LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2014

**Transaction ID : C2754350**

Amount of Each Receipt this Period

250.00

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

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

416.66

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

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

FOR LINE NUMBER: PAGE 77 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marilyn Joan Heine**

Mailing Address 900 Twining Rd

City

Dresher

State

PA

Zip Code

19025-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marilyn Joan Heine, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 13 / 2014

Transaction ID : C2719370

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Gary Thomas Hemann**

Mailing Address 1650 S Sky Ridge Dr

City

Wdm

State

IA

Zip Code

50266-3812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Professional Practice Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

04 / 16 / 2014

Transaction ID : C2716018

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Gary Thomas Hemann**

Mailing Address 1650 S Sky Ridge Dr

City

Wdm

State

IA

Zip Code

50266-3812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Professional Practice Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 16 / 2014

Transaction ID : C2736352

Amount of Each Receipt this Period

83.33

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

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

666.66

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

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

FOR LINE NUMBER: PAGE 78 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Justin P Hensley**

Mailing Address 5121 Ocean Dr

City

Crp Christi

State

TX

Zip Code

78412-2661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Justin P Hensley, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2716032**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Justin P Hensley**

Mailing Address 5121 Ocean Dr

City

Crp Christi

State

TX

Zip Code

78412-2661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Justin P Hensley, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2014

**Transaction ID : C2736369**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Justin P Hensley**

Mailing Address 5121 Ocean Dr

City

Crp Christi

State

TX

Zip Code

78412-2661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Justin P Hensley, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2014

**Transaction ID : C2754620**

Amount of Each Receipt this Period

83.34

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

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

250.02

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dennis A Hernandez**

Mailing Address 3278 Tala Loop

City

Longwood

State

FL

Zip Code

32779-3128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742432

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. George Z Hevesy**

Mailing Address 1177 N Byerly Hills Dr

City

East Peoria

State

IL

Zip Code

61611-1283

FEC ID number of contributing  
federal political committee.

C

Name of Employer

George Z Hevesy, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2014

Transaction ID : C2716563

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Keia Hewitt**

Mailing Address 3321 Luke Crossing Dr

City

Charlotte

State

NC

Zip Code

28226-3359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 18 / 2014

Transaction ID : C2719340

Amount of Each Receipt this Period

83.33

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

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

1333.33

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

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

FOR LINE NUMBER: PAGE 80 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Keia Hewitt**

Mailing Address 3321 Luke Crossing Dr

City State Zip Code  
Charlotte NC 28226-3359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physicians

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742433**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Keia Hewitt**

Mailing Address 3321 Luke Crossing Dr

City State Zip Code  
Charlotte NC 28226-3359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physicians

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : C2762371**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Douglas M Hill**

Mailing Address 6770 Ridgeview Dr

City State Zip Code  
Morrisson CO 80465-2720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Douglas M Hill, DO, FACEP

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2014

**Transaction ID : C2750936**

Amount of Each Receipt this Period

1000.00

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

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

1166.66



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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jon Mark Hirshon**

Mailing Address 1062 River Bay Rd

City State Zip Code  
 Annapolis MD 21409-4830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jon Mark Hirshon, MD, MPH, PhD, FACEP

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : C2716030**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Larry Allen Hobbs**

Mailing Address 12717 Brewster Dr  
 Lee Memorial Gulf Coast Med Ctr

City State Zip Code  
 Fort Myers FL 33908-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Southwest Florida Emergency Physicians

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2014

**Transaction ID : C2721560**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Larry Allen Hobbs**

Mailing Address 12717 Brewster Dr  
 Lee Memorial Gulf Coast Med Ctr

City State Zip Code  
 Fort Myers FL 33908-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Southwest Florida Emergency Physicians

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2014

**Transaction ID : C2742282**

Amount of Each Receipt this Period

83.34

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

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

416.68

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 256

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

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)

**A. Larry Allen Hobbs**

Mailing Address 12717 Brewster Dr

Lee Memorial Gulf Coast Med Ctr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest Florida Emergency Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2014

**Transaction ID : C2762245**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Kenneth L Holbert**

Mailing Address 130 Laural Hill Dr

City

Smyrna

State

TN

Zip Code

37167-4907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Team Health

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2014

**Transaction ID : C2742360**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Lisa Dianne Hrutkay**

Mailing Address 1464 Stoolfire Rd

City

Valley Grove

State

WV

Zip Code

26060-7934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2014

**Transaction ID : C2719339**

Amount of Each Receipt this Period

83.33

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

1166.67

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lisa Dianne Hrutkay**

Mailing Address 1464 Stoolfire Rd

City

Valley Grove

State

WV

Zip Code

26060-7934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

Transaction ID : C2742434

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Lisa Dianne Hrutkay**

Mailing Address 1464 Stoolfire Rd

City

Valley Grove

State

WV

Zip Code

26060-7934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2014

Transaction ID : C2762372

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Vivian Hwang**

Mailing Address 6449 Rock Hollow Ln

City

Clifton

State

VA

Zip Code

20124-2473

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vivian Hwang, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2014

Transaction ID : C2719287

Amount of Each Receipt this Period

250.00

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

416.66

**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 PageFOR LINE NUMBER:  
(check only one)

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

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)

**A. Raymond Iannaccone**

Mailing Address 25 Oakwood Rd

City

Allendale

State

NJ

Zip Code

07401-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medical Associates New Jerse

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

**Transaction ID : C2703155**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Raymond Iannaccone**

Mailing Address 25 Oakwood Rd

City

Allendale

State

NJ

Zip Code

07401-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medical Associates New Jerse

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2014

**Transaction ID : C2727477**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Raymond Iannaccone**

Mailing Address 25 Oakwood Rd

City

Allendale

State

NJ

Zip Code

07401-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medical Associates New Jerse

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2014

**Transaction ID : C2750890**

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jesse J Irwin**

Mailing Address 3220 Worthington St NW

City  
Washington

State Zip Code  
DC 20015-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Emergency Professional LLC

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : C2742171**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Thomas J Isenovski**

Mailing Address 44 Central Ave

City  
Saratoga Spgs

State Zip Code  
NY 12866-9209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thomas J Isenovski, DO, FACEP

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742361**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Peter J Jacoby**

Mailing Address 167 Sprain Brook Rd

City  
Woodbury

State Zip Code  
CT 06798-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Franklin Medical Group

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742436**

Amount of Each Receipt this Period

1000.00

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

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

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 86 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julian AJ Jakubowski**

Mailing Address 667 Lewis Pointe Dr

City

Vincent

State

OH

Zip Code

45784-9114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Julian AJ Jakubowski, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2014

**Transaction ID : C2730295**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B. Andrew David Jenis**

Mailing Address 115 Cayuga Heights Rd

City

Ithaca

State

NY

Zip Code

14850-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : C2719337**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Andrew David Jenis**

Mailing Address 115 Cayuga Heights Rd

City

Ithaca

State

NY

Zip Code

14850-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742437**

Amount of Each Receipt this Period

83.33

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

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

391.66

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

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

FOR LINE NUMBER: PAGE 87 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrew David Jenis**

Mailing Address 115 Cayuga Heights Rd

City State Zip Code  
Ithaca NY 14850-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physician Managemen

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : C2762373**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Milan Jockovich**

Mailing Address 460 Riggs Ave

City State Zip Code  
Melbourne Bch FL 32951-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brevard Emergency Services

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : C2770023**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. David Peter John**

Mailing Address 20 Hartley St

City State Zip Code  
North Haven CT 06473-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northeast Emergency Medicine Specialis

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : C2725444**

Amount of Each Receipt this Period

83.33

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

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

466.66

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

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

FOR LINE NUMBER: PAGE 88 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Peter John**

Mailing Address 20 Hartley St

City

North Haven

State

CT

Zip Code

06473-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northeast Emergency Medicine Specialis

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2014

**Transaction ID : C2744917**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. David Peter John**

Mailing Address 20 Hartley St

City

North Haven

State

CT

Zip Code

06473-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northeast Emergency Medicine Specialis

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : C2764867**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Christopher Johnson**

Mailing Address 307 Ridgewood Ave

City

Minneapolis

State

MN

Zip Code

55403-3587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christopher Johnson, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742363**

Amount of Each Receipt this Period

500.00

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

666.66

**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 PageFOR LINE NUMBER: PAGE 89 OF 256  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Timothy James Johnson**

Mailing Address 580 Sunny Shadows

City

Excelsior

State

MN

Zip Code

55331-8658

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Timothy James Johnson, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	4

**Transaction ID : C2742364**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Steven B Kailes**

Mailing Address 3780 Waterside Dr

City

Orange Park

State

FL

Zip Code

32073-6982

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steven B Kailes, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	4

**Transaction ID : C2719631**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Amit S Kalaria**

Mailing Address 17804 Cricket Hill Dr

City

Germantown

State

MD

Zip Code

20874-3475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	4

**Transaction ID : C2712498**

Amount of Each Receipt this Period

100.00

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

683.34

**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 90 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Amit S Kalaria**

Mailing Address 17804 Cricket Hill Dr

City

Germantown

State

MD

Zip Code

20874-3475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

685.00

Date of Receipt

04 / 29 / 2014

**Transaction ID : C2729617**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Amit S Kalaria**

Mailing Address 17804 Cricket Hill Dr

City

Germantown

State

MD

Zip Code

20874-3475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

685.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : C2745206**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Amit S Kalaria**

Mailing Address 17804 Cricket Hill Dr

City

Germantown

State

MD

Zip Code

20874-3475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

685.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2770143**

Amount of Each Receipt this Period

100.00

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

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

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 91 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Achyut B Kamat**

Mailing Address 19 Everett Ave

City

Providence

State

RI

Zip Code

02906-3321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Achyut B Kamat, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2014

**Transaction ID : C2759218**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Christopher S Kang**

Mailing Address 2184 Bobs Hollow Ln

City

Dupont

State

WA

Zip Code

98327-7747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Madigan Army Medical Center Faculty

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2014

**Transaction ID : C2721381**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jay A Kaplan**

Mailing Address 300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2716015**

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 92 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gary R Katz**

Mailing Address 7918 Wisteria Ct

City State Zip Code  
Dublin OH 43016-8531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gary R Katz, MD, MBA, FACEP

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 27 / 2014

**Transaction ID : C2742668**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Myles K Kawamura**

Mailing Address 1111 6th Ave  
Mercy Medical Center-ED

City State Zip Code  
Des Moines IA 50314-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Myles K Kawamura, DO, FACEP

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2014

**Transaction ID : C2745207**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Vipul M Kella**

Mailing Address 11808 Woodthrus Ln

City State Zip Code  
Potomac MD 20854-1444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Emergency Professional LLC

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 13 / 2014

**Transaction ID : C2730816**

Amount of Each Receipt this Period

1000.00

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

1750.00

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

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 93 OF 256

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Noah L Keller**

Mailing Address 10119 Easterday Ct

City  
HagerstownState  
MDZip Code  
21742-9791FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2014

**Transaction ID : C2735064**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Brian M Kelley**

Mailing Address 128 Mellen Rd

City  
New BernState  
NCZip Code  
28562-8771FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brian M Kelley, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2014

**Transaction ID : C2719343**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Brian M Kelley**

Mailing Address 128 Mellen Rd

City  
New BernState  
NCZip Code  
28562-8771FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brian M Kelley, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2014

**Transaction ID : C2742438**

Amount of Each Receipt this Period

83.33

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

1166.66

**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 94 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian M Kelley**

Mailing Address 128 Mellen Rd

City

New Bern

State

NC

Zip Code

28562-8771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brian M Kelley, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : C2762374**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Michael Anthony Kelly**

Mailing Address 1 Pavilion Dr

City

Daniels

State

WV

Zip Code

25832-9705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kelly Medical Corporation

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014

**Transaction ID : C2754824**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael J Keyes Jr**

Mailing Address 216 Canterbury Rd

City

Rochester

State

NY

Zip Code

14607-3434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michael J Keyes, Jr, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : C2721748**

Amount of Each Receipt this Period

250.00

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

833.33

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Zaki Khebzou**

Mailing Address 104 Sterling Dr

City  
Galloway

State  
NJ

Zip Code  
08205-9541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Zaki Khebzou, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

**Transaction ID : C2742391**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Rami R Khoury**

Mailing Address 48575 Stoneridge Dr

City

Northville

State

MI

Zip Code

48168-8674

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rami R Khoury, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742365**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Benjamin Kitagawa**

Mailing Address 1118 E C St

City

North Platte

State

NE

Zip Code

69101-4255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benjamin Kitagawa, DO, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 10 / 2014

**Transaction ID : C2754935**

Amount of Each Receipt this Period

1000.00

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

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

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 96 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul Daniel Kivela**

Mailing Address 1370 Trancas St

City State Zip Code  
 Napa CA 94558-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Napa Valley Emergency Medical Group

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 16 2014

**Transaction ID : C2716031**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Paul Daniel Kivela**

Mailing Address 1370 Trancas St

City State Zip Code  
 Napa CA 94558-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Napa Valley Emergency Medical Group

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 16 2014

**Transaction ID : C2736368**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Paul Daniel Kivela**

Mailing Address 1370 Trancas St

City State Zip Code  
 Napa CA 94558-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Napa Valley Emergency Medical Group

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 16 2014

**Transaction ID : C2754619**

Amount of Each Receipt this Period

83.34

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

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

250.02



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

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

FOR LINE NUMBER: PAGE 97 OF 256  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David N Klein**

Mailing Address 12410 Milestone Center Dr  
Med Emer Prof Llc

City State Zip Code  
Germantown MD 20876-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Emergency Professional LLC

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 13 / 2014

**Transaction ID : C2730871**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Terry Kowalenko**

Mailing Address 3601 W 13 Mile Rd

City State Zip Code  
Royal Oak MI 48073-6712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Terry Kowalenko, MD, FACEP

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 29 / 2014

**Transaction ID : C2722846**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Terry Kowalenko**

Mailing Address 3601 W 13 Mile Rd

City State Zip Code  
Royal Oak MI 48073-6712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Terry Kowalenko, MD, FACEP

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2014

**Transaction ID : C2744352**

Amount of Each Receipt this Period

83.34

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

2166.68

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 98 OF 256

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

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Terry Kowalenko**

Mailing Address 3601 W 13 Mile Rd

City

Royal Oak

State

MI

Zip Code

48073-6712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Terry Kowalenko, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	4

**Transaction ID : C2764811**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Mark S Kruger**

Mailing Address PO Box 1209

City

Sanford

State

FL

Zip Code

32772-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang &amp; As

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	4

**Transaction ID : C2742439**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Joseph J Kuchinski**

Mailing Address 32 Woodland Ave

City

Mountain Lks

State

NJ

Zip Code

07046-1421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Joseph J Kuchinski, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	4

**Transaction ID : C2719344**

Amount of Each Receipt this Period

100.00

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

1183.34

**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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph J Kuchinski**

Mailing Address 32 Woodland Ave

City

Mountain Lks

State

NJ

Zip Code

07046-1421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Joseph J Kuchinski, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742440

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Joseph J Kuchinski**

Mailing Address 32 Woodland Ave

City

Mountain Lks

State

NJ

Zip Code

07046-1421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Joseph J Kuchinski, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 18 / 2014

Transaction ID : C2762375

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Gloria J Kuhn**

Mailing Address 28917 Hidden Trl

City

Farmingtn Hls

State

MI

Zip Code

48331-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center Emergency Services

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2014

Transaction ID : C2762339

Amount of Each Receipt this Period

250.00

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

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

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 100 OF 256

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Douglas F Kupas**

Mailing Address 209 Abbey Rd

City State Zip Code  
 Danville PA 17821-8422

FEC ID number of contributing federal political committee.

C

Name of Employer

Geisinger Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 24 / 2014

Transaction ID : C2721715

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David Lancaster**

Mailing Address 6633 Silver Fox Rd

City State Zip Code  
 Charlotte NC 28270-0683

FEC ID number of contributing federal political committee.

C

Name of Employer

David Lancaster, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 18 / 2014

Transaction ID : C2719345

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. David Lancaster**

Mailing Address 6633 Silver Fox Rd

City State Zip Code  
 Charlotte NC 28270-0683

FEC ID number of contributing federal political committee.

C

Name of Employer

David Lancaster, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 22 / 2014

Transaction ID : C2742441

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

416.66

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. David Lancaster**

Mailing Address 6633 Silver Fox Rd

City

Charlotte

State

NC

Zip Code

28270-0683

FEC ID number of contributing  
federal political committee.

C

Name of Employer

David Lancaster, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 18 / 2014

Transaction ID : C2762376

Amount of Each Receipt this Period

833.33

Full Name (Last, First, Middle Initial)

## **B. Ottis L Layne Jr**

Mailing Address 1765 Nixon Creek Rd

City

Fredericksburg

State

TX

Zip Code

78624-6479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ottis L Layne, Jr, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2014

Transaction ID : C2729651

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. David C Lee**

Mailing Address 300 Community Dr  
North Shore Univ Hosp

City

Manhasset

State

NY

Zip Code

11030-3816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore University Hospital Emerge

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 14 / 2014

Transaction ID : C2735067

Amount of Each Receipt this Period

500.00

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

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

833.33

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. David C Lee

Mailing Address 300 Community Dr

North Shore Univ Hosp

City

Manhasset

State

NY

Zip Code

11030-3816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore University Hospital Emerge

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

Transaction ID : C2742367

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Alan J Lewis

Mailing Address 22943 Ostronic Dr

City

Woodland Hls

State

CA

Zip Code

91367-6141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alan J Lewis, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2014

Transaction ID : C2721716

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joshua Lewis

Mailing Address 10437 N 113th Pl

City

Scottsdale

State

AZ

Zip Code

85259-4937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Joshua Lewis, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2014

Transaction ID : C2721717

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard J Limperos**

Mailing Address 5087 Noor Park Cir

City State Zip Code  
Dublin OH 43016-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physicians of Frank

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : C2719341**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Richard J Limperos**

Mailing Address 5087 Noor Park Cir

City State Zip Code  
Dublin OH 43016-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physicians of Frank

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742442**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Richard J Limperos**

Mailing Address 5087 Noor Park Cir

City State Zip Code  
Dublin OH 43016-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physicians of Frank

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : C2762377**

Amount of Each Receipt this Period

83.33

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

249.99

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 104 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jo Linder**

Mailing Address PO Box 8552

City State Zip Code  
 Portland ME 04104-8552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jo Linder, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 16 / 2014

**Transaction ID : C2755742**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Gretchen K Lipke**

Mailing Address 600 Ponte Vedra Blvd

City State Zip Code  
 Ponte Vedra FL 32082-4709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gretchen K Lipke, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2014

**Transaction ID : C2754936**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Christopher M Lloyd**

Mailing Address 2286 Picket Post Ln

City State Zip Code  
 Columbus OH 43220-2918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians of Frank

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 18 / 2014

**Transaction ID : C2719342**

Amount of Each Receipt this Period

83.33

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

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

1333.33



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

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

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher M Lloyd**

Mailing Address 2286 Picket Post Ln

City

Columbus

State

OH

Zip Code

43220-2918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians of Frank

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742443

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Christopher M Lloyd**

Mailing Address 2286 Picket Post Ln

City

Columbus

State

OH

Zip Code

43220-2918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians of Frank

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 18 / 2014

Transaction ID : C2762378

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Bruce M Lo**

Mailing Address 249 W Freemason St

City

Norfolk

State

VA

Zip Code

23510-1353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Physicians of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

05 / 16 / 2014

Transaction ID : C2736367

Amount of Each Receipt this Period

41.67

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

208.33

**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  
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FOR LINE NUMBER: PAGE 106 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bruce M Lo**

Mailing Address 249 W Freemason St

City State Zip Code  
Norfolk VA 23510-1353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Physicians of Tidewater

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2014

**Transaction ID : C2754618**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Mary Margaret Loehr**

Mailing Address 3321 Dehesa Rd

City State Zip Code  
El Cajon CA 92019-2880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mary Margaret Loehr, MD, FACEP

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

**Transaction ID : C2719378**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Matthew T Logan**

Mailing Address 113 Tryon Ct

City State Zip Code  
Greenwood SC 29649-7200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakelands Emergency Physicians

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2014

**Transaction ID : C2754928**

Amount of Each Receipt this Period

250.00

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

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

391.67

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Donald Lombino**

Mailing Address 111 Connecticut Ave

City State Zip Code  
 Greenwich CT 06830-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emergency Medicine Physician Managemen

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 18 2014

**Transaction ID : C2719379**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Donald Lombino**

Mailing Address 111 Connecticut Ave

City State Zip Code  
 Greenwich CT 06830-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emergency Medicine Physician Managemen

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 22 2014

**Transaction ID : C2742444**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Donald Lombino**

Mailing Address 111 Connecticut Ave

City State Zip Code  
 Greenwich CT 06830-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emergency Medicine Physician Managemen

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 18 2014

**Transaction ID : C2762379**

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jorge Lopez-Ferrer**

Mailing Address 322 E Central Blvd

City

Orlando

State

FL

Zip Code

32801-4355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742445**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ralph K Losey**

Mailing Address 207 S Prospect St

City

Galena

State

IL

Zip Code

61036-2119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ralph K Losey, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 15 / 2014

**Transaction ID : C2719290**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Seth A Lotterman**

Mailing Address 7 Willow Ln

City

West Hartford

State

CT

Zip Code

06107-1149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fremont Emergency Medical Group

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 25 / 2014

**Transaction ID : C2721526**

Amount of Each Receipt this Period

250.00

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

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

1500.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Katia M Lugo Enriquez**

Mailing Address 65 Starlight Ct

City

Oviedo

State

FL

Zip Code

32765-9692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang &amp; As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	2		2	0	1	4		

**Transaction ID : C2742446**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. John L Lyman**Mailing Address 332 Congress Park Dr  
Premier Hlth Care

City

Dayton

State

OH

Zip Code

45459-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Physician Services

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	1		2	0	1	4		

**Transaction ID : C2713231**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. John L Lyman**Mailing Address 332 Congress Park Dr  
Premier Hlth Care

City

Dayton

State

OH

Zip Code

45459-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Physician Services

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		1	7		2	0	1	4		

**Transaction ID : C2716557**

Amount of Each Receipt this Period

50.00

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

1070.00

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John L Lyman**

Mailing Address 332 Congress Park Dr  
Premier Hlth Care

City State Zip Code  
Dayton OH 45459-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Physician Services

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 02 / 2014

**Transaction ID : C2729855**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. John L Lyman**

Mailing Address 332 Congress Park Dr  
Premier Hlth Care

City State Zip Code  
Dayton OH 45459-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Physician Services

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 17 / 2014

**Transaction ID : C2738734**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. John L Lyman**

Mailing Address 332 Congress Park Dr  
Premier Hlth Care

City State Zip Code  
Dayton OH 45459-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Physician Services

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2014

**Transaction ID : C2755786**

Amount of Each Receipt this Period

50.00

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

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

120.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 111 OF 256  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Merci G Madar**

Mailing Address 7805 Valderrama Way

City State Zip Code  
 Lakewood Rch FL 34202-5651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emergency Medicine Physician Managemen

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2014

**Transaction ID : C2719392**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Merci G Madar**

Mailing Address 7805 Valderrama Way

City State Zip Code  
 Lakewood Rch FL 34202-5651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emergency Medicine Physician Managemen

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : C2742447**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Merci G Madar**

Mailing Address 7805 Valderrama Way

City State Zip Code  
 Lakewood Rch FL 34202-5651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emergency Medicine Physician Managemen

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : C2762380**

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Ned Alan Magen**

Mailing Address 969 Keystone Dr

City State Zip Code  
Soldotna AK 99669-8064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ned Alan Magen, DO, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2014

**Transaction ID : C2735069**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Steven Maher**

Mailing Address 9733 E Cochise Dr

City State Zip Code  
Scottsdale AZ 85258-4756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steven Maher, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2014

**Transaction ID : C2738474**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Robert T Malinowski**

Mailing Address 660 Norborne Ave

City State Zip Code  
Dearborn Hts MI 48127-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Center Emergency Services

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

**Transaction ID : C2721543**

Amount of Each Receipt this Period

1000.00

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

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

2250.00



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

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kevin Maloy**

Mailing Address 15 E Mason Ave

City State Zip Code  
 Alexandria VA 22301-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Kevin Maloy, MD, FACEP

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : C2762354**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Arun Manikumar**

Mailing Address 104 Baynes Ct

City State Zip Code  
 Chapel Hill NC 27517-9526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Fremont Emergency Medical Group

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : C2754939**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Catherine Anna Marco**

Mailing Address 569 Calumet Pl

City State Zip Code  
 Beavercreek OH 45434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 South Jersey Health System Emergency P

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2014

**Transaction ID : C2720286**

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Scott P Marquis**

Mailing Address 1407 E Rockwood Blvd

City

Spokane

State

WA

Zip Code

99203-3841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scott P Marquis, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

**Transaction ID : C2712514**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. H Lynn Massingale**

Mailing Address 265 Brookview Centre Way  
Team Health

City

Knoxville

State

TN

Zip Code

37919-4052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Team Health

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2770141**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jaime Massucci**

Mailing Address 804 Mount Vernon St

City

Orlando

State

FL

Zip Code

32803-5308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742448**

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alexander Matolcsy**

Mailing Address 70 Washington St  
Emer Educl Svcs PC

City Haverhill State MA Zip Code 01832-5752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alexander Matolcsy, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 14 / 2014

**Transaction ID : C2735072**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Angela F Mattke**

Mailing Address 1080 Pebblebrook Rd SE

City Mableton State GA Zip Code 30126-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Angela F Mattke, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY  
04 / 16 / 2014

**Transaction ID : C2719383**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Angela F Mattke**

Mailing Address 1080 Pebblebrook Rd SE

City Mableton State GA Zip Code 30126-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Angela F Mattke, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY  
04 / 16 / 2014

**Transaction ID : C2716045**

Amount of Each Receipt this Period

75.00

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

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

425.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 116 OF 256

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code  
Mableton GA 30126-5612

FEC ID number of contributing federal political committee.

C

Name of Employer

Angela F Mattke, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2014

Transaction ID : C2736364

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code  
Mableton GA 30126-5612

FEC ID number of contributing federal political committee.

C

Name of Employer

Angela F Mattke, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2014

Transaction ID : C2754633

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Eric E Maur

Mailing Address 6209 Dwayne Starnes Dr

City State Zip Code  
Hickory NC 28602-8959

FEC ID number of contributing federal political committee.

C

Name of Employer

Eric E Maur, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.68

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2014

Transaction ID : C2742258

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1150.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thom A Mayer**

Mailing Address 10306 Eaton Pl

BestPractices Inc

City

Fairfax

State

VA

Zip Code

22030-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Best Practices Incorporated

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761347

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Joseph T McCaslin**

Mailing Address 16402 Ridgmont St

City

Omaha

State

NE

Zip Code

68136-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Joseph T McCaslin, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2014

Transaction ID : C2767194

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John McCourt**

Mailing Address 9436 Steeplehill Dr

City

Las Vegas

State

NV

Zip Code

89117-7270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 18 / 2014

Transaction ID : C2719385

Amount of Each Receipt this Period

83.33

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

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

1583.33

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John McCourt**

Mailing Address 9436 Steeplehill Dr

City

Las Vegas

State

NV

Zip Code

89117-7270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742449

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. John McCourt**

Mailing Address 9436 Steeplehill Dr

City

Las Vegas

State

NV

Zip Code

89117-7270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 18 / 2014

Transaction ID : C2762382

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Michael McCrea**

Mailing Address 2017 Lexington Dr

City

Perrysburg

State

OH

Zip Code

43551-5449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Physician Services

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

04 / 16 / 2014

Transaction ID : C2716025

Amount of Each Receipt this Period

83.34

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

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

250.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael McCrea**

Mailing Address 2017 Lexington Dr

City State Zip Code  
Perrysburg OH 43551-5449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Physician Services

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2014

**Transaction ID : C2736357**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Michael McCrea**

Mailing Address 2017 Lexington Dr

City State Zip Code  
Perrysburg OH 43551-5449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Physician Services

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2014

**Transaction ID : C2754626**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Robert McCurren IV**

Mailing Address 2000 Green Rd  
EPMG

City State Zip Code  
Ann Arbor MI 48105-1575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Physician Medical Group PC

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : C2721722**

Amount of Each Receipt this Period

500.00

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

666.68

**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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Edward McCutcheon MHA**

Mailing Address 605 McDonald Ave

City

Charlotte

State

NC

Zip Code

28203-5323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 18 / 2014

**Transaction ID : C2719387**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Edward McCutcheon MHA**

Mailing Address 605 McDonald Ave

City

Charlotte

State

NC

Zip Code

28203-5323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742450**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Edward McCutcheon MHA**

Mailing Address 605 McDonald Ave

City

Charlotte

State

NC

Zip Code

28203-5323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2762383**

Amount of Each Receipt this Period

83.33

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

249.99

**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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dennis Lucas McGill**

Mailing Address 19 Camden Rd

City

Hillsborough

State

NJ

Zip Code

08844-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medical Associates New Jerse

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

**Transaction ID : C2725439**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Dennis Lucas McGill**

Mailing Address 19 Camden Rd

City

Hillsborough

State

NJ

Zip Code

08844-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medical Associates New Jerse

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2014

**Transaction ID : C2744913**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Dennis Lucas McGill**

Mailing Address 19 Camden Rd

City

Hillsborough

State

NJ

Zip Code

08844-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medical Associates New Jerse

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : C2764863**

Amount of Each Receipt this Period

83.34

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

250.02

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

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mark A McLean**

Mailing Address 613 Stonewater Blvd

City

Franklin

State

TN

Zip Code

37064-4890

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mark A McLean, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2014

**Transaction ID : C2754841**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Richard S McMonigal**

Mailing Address 3610 45th St NE

City

Tacoma

State

WA

Zip Code

98422-2293

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cascade Emergency Physicians Incorpora

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 08 / 2014

**Transaction ID : C2729653**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. William Joel Meggs**

Mailing Address 103 Hidden Hills Dr

City

Greenville

State

NC

Zip Code

27858-8635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Carolina University

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 16 / 2014

**Transaction ID : C2716026**

Amount of Each Receipt this Period

100.00

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. William Joel Meggs**

Mailing Address 103 Hidden Hills Dr

City

Greenville

State

NC

Zip Code

27858-8635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Carolina University

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2014

Transaction ID : C2736366

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. William Joel Meggs**

Mailing Address 103 Hidden Hills Dr

City

Greenville

State

NC

Zip Code

27858-8635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Carolina University

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2014

Transaction ID : C2754617

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Sharon E Meieran**

Mailing Address 5739 SW Cheltenham Dr

City

Portland

State

OR

Zip Code

97239-2776

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sharon E Meieran, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2014

Transaction ID : C2738688

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

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  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Benjamin T Milligan**

Mailing Address 16 Elton St

City

Providence

State

RI

Zip Code

02906-4106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benjamin T Milligan, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 14 / 2014

**Transaction ID : C2754561**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Thomas R Mitchell**

Mailing Address 3370 Sweeney Hollow Rd

City

Franklin

State

TN

Zip Code

37064-9575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas R Mitchell, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

04 / 10 / 2014

**Transaction ID : C2719278**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Thomas R Mitchell**

Mailing Address 3370 Sweeney Hollow Rd

City

Franklin

State

TN

Zip Code

37064-9575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas R Mitchell, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

04 / 21 / 2014

**Transaction ID : C2721724**

Amount of Each Receipt this Period

200.00

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

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

1400.00

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

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

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas R Mitchell**

Mailing Address 3370 Sweeney Hollow Rd

City

Franklin

State

TN

Zip Code

37064-9575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas R Mitchell, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2014

**Transaction ID : C2742451**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Craig B Mittleman**

Mailing Address 25 Equestrian Rdg

City

Newtown

State

CT

Zip Code

06470-1869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

MM / DD / YYYY  
04 / 08 / 2014

**Transaction ID : C2712494**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**c. Craig B Mittleman**

Mailing Address 25 Equestrian Rdg

City

Newtown

State

CT

Zip Code

06470-1869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

MM / DD / YYYY  
04 / 29 / 2014

**Transaction ID : C2729619**

Amount of Each Receipt this Period

90.00

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

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

380.00

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

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

FOR LINE NUMBER: PAGE 126 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Craig B Mittleman**

Mailing Address 25 Equestrian Rdg

City State Zip Code  
 Newtown CT 06470-1869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Medical Emergency Professional LLC

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : C2745208**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**B. Craig B Mittleman**

Mailing Address 25 Equestrian Rdg

City State Zip Code  
 Newtown CT 06470-1869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Medical Emergency Professional LLC

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : C2770144**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**C. Nathan Mjos**

Mailing Address 5550 Wilshire Blvd

City State Zip Code  
 Los Angeles CA 90036-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nathan Mjos, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : C2729654**

Amount of Each Receipt this Period

250.00

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

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

430.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 127 OF 256  
(check only one)

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

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)

**A. Nathan Mjos**

Mailing Address 5550 Wilshire Blvd

City

Los Angeles

State

CA

Zip Code

90036-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nathan Mjos, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

336.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2014

**Transaction ID : C2762722**

Amount of Each Receipt this Period

86.20

Full Name (Last, First, Middle Initial)

**B. Kevin Monfette**

Mailing Address 2954 Island Point Dr

City

Metamora

State

MI

Zip Code

48455-9625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kevin Monfette, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2014

**Transaction ID : C2742575**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Karolyn K Moody**

Mailing Address 760 Boozy Creek Rd

City

Blountville

State

TN

Zip Code

37617-6609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ECI

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2014

**Transaction ID : C2702741**

Amount of Each Receipt this Period

100.00

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

436.20

**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  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Karolyn K Moody**

Mailing Address 760 Boozy Creek Rd

City

Blountville

State

TN

Zip Code

37617-6609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ECI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 05 / 2014

**Transaction ID : C2726055**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Karolyn K Moody**

Mailing Address 760 Boozy Creek Rd

City

Blountville

State

TN

Zip Code

37617-6609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ECI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 05 / 2014

**Transaction ID : C2749917**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. John C Moorhead**

Mailing Address 4138 SW Hamilton Ter

City

Portland

State

OR

Zip Code

97239-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State University Medical Group -

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 25 / 2014

**Transaction ID : C2721551**

Amount of Each Receipt this Period

1000.00

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

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

1200.00



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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joshua B Moskowitz**

Mailing Address 435 E 79th St

City  
New York

State Zip Code  
NY 10075-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore University Hospital Emerge

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : C2725442**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Joshua B Moskowitz**

Mailing Address 435 E 79th St

City  
New York

State Zip Code  
NY 10075-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore University Hospital Emerge

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2014

**Transaction ID : C2744915**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Joshua B Moskowitz**

Mailing Address 435 E 79th St

City  
New York

State Zip Code  
NY 10075-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore University Hospital Emerge

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : C2764865**

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James B Mullen III**

Mailing Address 28 Foggs Point Rd

City

State

Zip Code

Freeport

ME

04032-6010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

BlueWater Emergency Partners

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

04 / 17 / 2014

**Transaction ID : C2716562**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. James B Mullen III**

Mailing Address 28 Foggs Point Rd

City

State

Zip Code

Freeport

ME

04032-6010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

BlueWater Emergency Partners

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

05 / 17 / 2014

**Transaction ID : C2738731**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. James B Mullen III**

Mailing Address 28 Foggs Point Rd

City

State

Zip Code

Freeport

ME

04032-6010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

BlueWater Emergency Partners

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 17 / 2014

**Transaction ID : C2755789**

Amount of Each Receipt this Period

83.34

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

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

250.02

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carla Elizabeth Murphy**

Mailing Address 1196 Preserve Cir

City  
GoldenState  
COZip Code  
80401-7045FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Service Physicians PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

**Transaction ID : C2716033**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Carla Elizabeth Murphy**

Mailing Address 1196 Preserve Cir

City  
GoldenState  
COZip Code  
80401-7045FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Service Physicians PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

**Transaction ID : C2736370**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Carla Elizabeth Murphy**

Mailing Address 1196 Preserve Cir

City  
GoldenState  
COZip Code  
80401-7045FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Service Physicians PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2014

**Transaction ID : C2754621**

Amount of Each Receipt this Period

83.33

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

249.99

**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  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. J Brent Myers**

Mailing Address 2105 Glenwood Ave

City

Raleigh

State

NC

Zip Code

27608-1441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Emergency Physicians PA

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2014

**Transaction ID : C2755730**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Steven Nazario**

Mailing Address 7597 Saint Stephens Ct

City

Orlando

State

FL

Zip Code

32835-6526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742452**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Patricia Nichols**

Mailing Address 13401 Bellaria Cir

City

Windermere

State

FL

Zip Code

34786-7403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742453**

Amount of Each Receipt this Period

1000.00

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

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

2050.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 133 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey R Nickel**

Mailing Address 2300 N Black Oak Dr

City  
Angola

State  
IN

Zip Code  
46703-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Professional Emergency Physicians Inco

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 08 / 2014

**Transaction ID : C2703798**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey R Nickel**

Mailing Address 2300 N Black Oak Dr

City  
Angola

State  
IN

Zip Code  
46703-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Professional Emergency Physicians Inco

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 08 / 2014

**Transaction ID : C2729446**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey R Nickel**

Mailing Address 2300 N Black Oak Dr

City  
Angola

State  
IN

Zip Code  
46703-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Professional Emergency Physicians Inco

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 08 / 2014

**Transaction ID : C2750918**

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charles Niziol**

Mailing Address 2815 Kings Forest Dr

City  
Kingwood

State  
TX

Zip Code  
77339-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMCARE

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 13 / 2014

**Transaction ID : C2735074**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Charles Niziol**

Mailing Address 2815 Kings Forest Dr

City  
Kingwood

State  
TX

Zip Code  
77339-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMCARE

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2014

**Transaction ID : C2770129**

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

**C. Brian Nobie**

Mailing Address 9712 Lake Hugh Dr

City  
Gotha

State  
FL

Zip Code  
34734-4629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742454**

Amount of Each Receipt this Period

1000.00

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

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

2001.00

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jason T Nomura**

Mailing Address 1014 Old Forge Rd

City

New Castle

State

DE

Zip Code

19720-5422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Doctors Emergency Services Delaware

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 22 / 2014

Transaction ID : C2720287

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ashley Booth Norse**

Mailing Address 655 W 8th St

Shands Jacksonville Educ

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Florida Jacksonville

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2014

Transaction ID : C2716021

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Andrew Sean Nugent**

Mailing Address 200 Hawkins Dr

Univ of IA Hosp & Clinics

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Andrew Sean Nugent, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

04 / 30 / 2014

Transaction ID : C2725440

Amount of Each Receipt this Period

83.34

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

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

1333.34

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Andrew Sean Nugent**

Mailing Address 200 Hawkins Dr

Univ of IA Hosp &amp; Clinics

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Andrew Sean Nugent, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : C2744914

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Andrew Sean Nugent**

Mailing Address 200 Hawkins Dr

Univ of IA Hosp &amp; Clinics

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Andrew Sean Nugent, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : C2764864

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Ramon Nunez**

Mailing Address 7926 Saint Giles Pl

City

Orlando

State

FL

Zip Code

32835-7909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang &amp; As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

Transaction ID : C2742455

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1166.68



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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul Blake O'Brien**

Mailing Address 500 Winderley Pl

FL Emer Phys

City

State

Zip Code

Maitland

FL

32751-7406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Florida Emergency Physicians Kang & As

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742456

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Robert E O'Connor**

Mailing Address 515 Foxdale Ln

City

State

Zip Code

Charlottesville

VA

22903-9201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University of Virginia Physicians Grou

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2014

Transaction ID : C2716020

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Kathleen T O'Donnell**

Mailing Address 434 Euclid Ter NE

City

State

Zip Code

Atlanta

GA

30307-2042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Emory Department of Emergency Medicine

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2770145

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lisa Marie O'Grady**

Mailing Address 1320 Webster St

City

Orlando

State

FL

Zip Code

32804-2855

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742457**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Susan A O'Malley**

Mailing Address 6 Prospect Dr

City

Brentwood

State

NY

Zip Code

11717-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 18 / 2014

**Transaction ID : C2719395**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Susan A O'Malley**

Mailing Address 6 Prospect Dr

City

Brentwood

State

NY

Zip Code

11717-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742458**

Amount of Each Receipt this Period

83.33

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

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

1166.66

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Susan A O'Malley**

Mailing Address 6 Prospect Dr

City State Zip Code  
 Brentwood NY 11717-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emergency Medicine Physicians

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : C2762384**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Anna Marie Olson**

Mailing Address 535 Hidden Valley Rd

City State Zip Code  
 Colorado Spgs CO 80919-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Southern Colorado Emergency Medicine A

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : C2762114**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael B Osmundson**

Mailing Address 62 East Dr

City State Zip Code  
 Hartville OH 44632-8890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Michael B Osmundson, MD, FACEP

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2014

**Transaction ID : C2719397**

Amount of Each Receipt this Period

83.33

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

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

416.66

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael B Osmundson**

Mailing Address 62 East Dr

City

Hartville

State

OH

Zip Code

44632-8890

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michael B Osmundson, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742459

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Michael B Osmundson**

Mailing Address 62 East Dr

City

Hartville

State

OH

Zip Code

44632-8890

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michael B Osmundson, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 18 / 2014

Transaction ID : C2762385

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Jorge E Otero**

Mailing Address 22 Turtle Bay Dr

City

Branford

State

CT

Zip Code

06405-4970

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jorge E Otero, MD, MSc, RDMS

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

04 / 14 / 2014

Transaction ID : C2719279

Amount of Each Receipt this Period

83.34

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

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

250.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jorge E Otero**

Mailing Address 22 Turtle Bay Dr

City

Branford

State

CT

Zip Code

06405-4970

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jorge E Otero, MD, MSc, RDMS

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

05 / 14 / 2014

**Transaction ID : C2738473**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Jorge E Otero**

Mailing Address 22 Turtle Bay Dr

City

Branford

State

CT

Zip Code

06405-4970

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jorge E Otero, MD, MSc, RDMS

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 14 / 2014

**Transaction ID : C2762262**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. David T Overton**

Mailing Address 1000 Oakland Dr  
 WMU School of Medicine

City

Kalamazoo

State

MI

Zip Code

49008-1282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

David T Overton, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 26 / 2014

**Transaction ID : C2764016**

Amount of Each Receipt this Period

1000.00

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

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

1166.68

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Ernest Page II**

Mailing Address 11030 Ullswater Ln

City

Windermere

State

FL

Zip Code

34786-5411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742460

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Ketan Pandya**

Mailing Address 13049 Water Point Blvd  
Florida Hospital Kissimmee

City

Windermere

State

FL

Zip Code

34786-5818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742461

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Orlee Israeli Panitch**

Mailing Address 11753 Gainsborough Rd

City

Potomac

State

MD

Zip Code

20854-3247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 12 / 2014

Transaction ID : C2730531

Amount of Each Receipt this Period

2000.00

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

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

4000.00

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anar Patel**

Mailing Address 255 Patroon Creek Blvd

City  
Albany

State  
NY

Zip Code  
12206-5046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Albany Medical Center Emergency Physic

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 18 / 2014

**Transaction ID : C2719400**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Anar Patel**

Mailing Address 255 Patroon Creek Blvd

City  
Albany

State  
NY

Zip Code  
12206-5046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Albany Medical Center Emergency Physic

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742462**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Anar Patel**

Mailing Address 255 Patroon Creek Blvd

City  
Albany

State  
NY

Zip Code  
12206-5046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Albany Medical Center Emergency Physic

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2762386**

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sanjay Pattani**

Mailing Address 13124 Bellaria Cir

City

Windermere

State

FL

Zip Code

34786-7401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.66

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742489

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Charles F Pattavina**

Mailing Address 360 Broadway  
St Joseph Hosp

City

Bangor

State

ME

Zip Code

04401-3979

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Joseph Hospital Bangor Maine

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 17 / 2014

Transaction ID : C2716559

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Charles F Pattavina**

Mailing Address 360 Broadway  
St Joseph Hosp

City

Bangor

State

ME

Zip Code

04401-3979

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Joseph Hospital Bangor Maine

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 17 / 2014

Transaction ID : C2738729

Amount of Each Receipt this Period

100.00

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

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

1200.00



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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charles F Pattavina**

Mailing Address 360 Broadway  
St Joseph Hosp

City State Zip Code  
Bangor ME 04401-3979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph Hospital Bangor Maine

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2014

**Transaction ID : C2755787**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Lee E Payne**

Mailing Address 6323 Wilmington Dr

City State Zip Code  
Burke VA 22015-4070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lee E Payne, MD, FACEP

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 09 / 2014

**Transaction ID : C2704501**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Lee E Payne**

Mailing Address 6323 Wilmington Dr

City State Zip Code  
Burke VA 22015-4070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lee E Payne, MD, FACEP

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

**Transaction ID : C2729945**

Amount of Each Receipt this Period

83.33

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

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

266.66

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lee E Payne**

Mailing Address 6323 Wilmington Dr

City State Zip Code  
Burke VA 22015-4070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lee E Payne, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 09 / 2014

**Transaction ID : C2750961**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mark D Pearlmuter**

Mailing Address 440 Boylston St

City State Zip Code  
Brookline MA 02445-6005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steward Emergency Medicine Group

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742371**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Nathan Phillip Peimann**

Mailing Address PO Box 20150

City State Zip Code  
Juneau AK 99802-0150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nathan Phillip Peimann, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

06 / 02 / 2014

**Transaction ID : C2754729**

Amount of Each Receipt this Period

1100.00

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

2183.33

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

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vanessa C Peluso**

Mailing Address 1768 Elizabeths Walk

City

Winter Park

State

FL

Zip Code

32789-5948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742463**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Debra G Perina**

Mailing Address 200 Welsh Run Rd

City

Ruckersville

State

VA

Zip Code

22968-2737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Virginia Physicians Grou

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742372**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ari M Perkins**

Mailing Address 31 Mayhew Ave

City

Larchmont

State

NY

Zip Code

10538-2740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norwalk Hospital Emergency Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 10 / 2014

**Transaction ID : C2754941**

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David J Pillow Jr**

Mailing Address 5332 Wateka Dr

City State Zip Code  
Dallas TX 75209-5512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

David J Pillow, Jr, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : C2725583**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Laura Pimentel**

Mailing Address 908 Dennisford Ct

City State Zip Code  
Cockeysville MD 21030-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Upper Chesapeake Health Emergency Medi

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2014

**Transaction ID : C2754942**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Jayson Scott Podber**

Mailing Address 221 Weaver St

City State Zip Code  
Greenwich CT 06831-4254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fairfield Emergency Physicians Incorpo

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : C2719410**

Amount of Each Receipt this Period

83.33

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

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

983.33

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jayson Scott Podber**

Mailing Address 221 Weaver St

City

Greenwich

State

CT

Zip Code

06831-4254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fairfield Emergency Physicians Incorpo

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	22	/	2014

**Transaction ID : C2742465**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Jayson Scott Podber**

Mailing Address 221 Weaver St

City

Greenwich

State

CT

Zip Code

06831-4254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fairfield Emergency Physicians Incorpo

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2014

**Transaction ID : C2762388**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. W Randall Poole**

Mailing Address 1110 SW Ivanhoe Blvd

City

Orlando

State

FL

Zip Code

32804-6370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang &amp; As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	22	/	2014

**Transaction ID : C2742466**

Amount of Each Receipt this Period

1000.00

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

1166.66

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

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ericka Powell**

Mailing Address 384 Spring Haven Dr

City

Lancaster

State

PA

Zip Code

17601-5193

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ericka Powell, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 16 / 2014

**Transaction ID : C2716040**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Ericka Powell**

Mailing Address 384 Spring Haven Dr

City

Lancaster

State

PA

Zip Code

17601-5193

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ericka Powell, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 16 / 2014

**Transaction ID : C2736359**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ericka Powell**

Mailing Address 384 Spring Haven Dr

City

Lancaster

State

PA

Zip Code

17601-5193

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ericka Powell, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 16 / 2014

**Transaction ID : C2754628**

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. John T Powell**

Mailing Address 1 Deer Run Dr

City State Zip Code  
 Greenville DE 19807-2403

FEC ID number of contributing federal political committee.

C

Name of Employer

Doctors Emergency Services Delaware

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 22 2014

Transaction ID : C2742373

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Sanjay K Premakumar**

Mailing Address 1406 Shepherd St

City State Zip Code  
 Durham NC 27707-1649

FEC ID number of contributing federal political committee.

C

Name of Employer

Wake Emergency Physicians PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 12 2014

Transaction ID : C2755732

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. John Hannon Proctor**

Mailing Address 5004 Bentgrass Ct

City State Zip Code  
 Franklin TN 37069-7254

FEC ID number of contributing federal political committee.

C

Name of Employer

John Hannon Proctor, MD, MBA, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 11 2014

Transaction ID : C2753925

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1550.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Floriano Putigna**

Mailing Address 405 Macchi Ave

City State Zip Code  
 Oakland FL 34787-3059

FEC ID number of contributing federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang &amp; As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 22 2014

Transaction ID : C2742467

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Russell D Radtke**

Mailing Address 3917 W Swann Ave

City State Zip Code  
 Tampa FL 33609-4432

FEC ID number of contributing federal political committee.

C

Name of Employer

Emergency Medical Associates of Tampa

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 22 2014

Transaction ID : C2742374

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. R Lynn Rea**

Mailing Address 7618 Tanglecrest Dr

City State Zip Code  
 Dallas TX 75254-8021

FEC ID number of contributing federal political committee.

C

Name of Employer

R Lynn Rea, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2014

Transaction ID : C2725441

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00



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

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven D Rea**

Mailing Address 4214 Coyote Trl

City

Midland

State

TX

Zip Code

79707-4013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midland Emergency Management

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742375**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. William E Reisinger III**

Mailing Address 2624 Macnaughten St NW

City

North Canton

State

OH

Zip Code

44720-9545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pomerene Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742468**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jessica Resnick**

Mailing Address 21112 Byron Rd

City

Shaker Hts

State

OH

Zip Code

44122-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jessica Resnick, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 02 / 2014

**Transaction ID : C2729642**

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James M Rhorer**

Mailing Address 601 University Walk

City

Baton Rouge

State

LA

Zip Code

70802-5362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

James M Rhorer, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

06 / 16 / 2014

Transaction ID : C2755744

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Laura C Richey**

Mailing Address 1737 Chevelle Dr

City

Baton Rouge

State

LA

Zip Code

70806-8411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisiana Emergency & Trauma Speciali

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 27 / 2014

Transaction ID : C2742574

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Laura C Richey**

Mailing Address 1737 Chevelle Dr

City

Baton Rouge

State

LA

Zip Code

70806-8411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisiana Emergency & Trauma Speciali

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764024

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 155 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julio E Rios**

Mailing Address 3101 Marler Rd

City

State

Zip Code

Pike Road

AL

36064-3337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Julio E Rios, MD, FACEP

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 03 / 2014

**Transaction ID : C2671735**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Julio E Rios**

Mailing Address 3101 Marler Rd

City

State

Zip Code

Pike Road

AL

36064-3337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Julio E Rios, MD, FACEP

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 03 / 2014

**Transaction ID : C2726014**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Julio E Rios**

Mailing Address 3101 Marler Rd

City

State

Zip Code

Pike Road

AL

36064-3337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Julio E Rios, MD, FACEP

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 03 / 2014

**Transaction ID : C2746009**

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Laura M Robinson**

Mailing Address 67 Cache River Cir

City

Sacramento

State

CA

Zip Code

95831-3758

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laura M Robinson, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.20

Date of Receipt

06 / 24 / 2014

**Transaction ID : C2762785**

Amount of Each Receipt this Period

86.20

Full Name (Last, First, Middle Initial)

**B. Richard Dean Robinson**

Mailing Address 501 Samuels Ave

City

Fort Worth

State

TX

Zip Code

76102-8642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Richard Dean Robinson, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2014

**Transaction ID : C2762273**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Maritza Rodriguez**

Mailing Address 2336 Kettle Dr

City

Orlando

State

FL

Zip Code

32835-8129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742469**

Amount of Each Receipt this Period

1000.00

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

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

2086.20

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

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

FOR LINE NUMBER: PAGE 157 OF 256

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. John J Rogers**

Mailing Address 10673 Estes Rd

City State Zip Code  
 Macon GA 31210-5135

FEC ID number of contributing federal political committee.

C

Name of Employer

John J Rogers, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 14 / 2014

Transaction ID : C2731448

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Alexander Max Rosenau**

Mailing Address PO Box 689  
 LVH-CC JDMCC # 214

City State Zip Code  
 Allentown PA 18105-1556

FEC ID number of contributing federal political committee.

C

Name of Employer

Lehigh Valley Physicians Group

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 16 / 2014

Transaction ID : C2716029

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. David William Ross**

Mailing Address 15340 Raton Rd

City State Zip Code  
 Colorado Spgs CO 80921-2140

FEC ID number of contributing federal political committee.

C

Name of Employer

David William Ross, DO, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 16 / 2014

Transaction ID : C2716027

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 158 OF 256

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary S Rudolph

Mailing Address 299 Bay Ave

City	State	Zip Code
Halesite	NY	11743-1136

FEC ID number of contributing federal political committee.

C

Name of Employer

North Shore University Hospital Emerge

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : C2767206

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Rebecca Ruiz

Mailing Address 13210 La Quinta St

City	State	Zip Code
La Mirada	CA	90638-3434

FEC ID number of contributing federal political committee.

C

Name of Employer

Rebecca Ruiz, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2014

Transaction ID : C2712523

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rebecca Ruiz

Mailing Address 13210 La Quinta St

City	State	Zip Code
La Mirada	CA	90638-3434

FEC ID number of contributing federal political committee.

C

Name of Employer

Rebecca Ruiz, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2014

Transaction ID : C2762829

Amount of Each Receipt this Period

86.20

SUBTOTAL of Receipts This Page (optional)..... ►

836.20

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

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

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for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael A Russell**

Mailing Address 4571 N Banta Rd

City

Bargersville

State

IN

Zip Code

46106-8820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Physicians of Indianapolis

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 09 / 2014

**Transaction ID : C2712516**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Francis Sabatino**

Mailing Address 2 Richards Way

City

Holmdel

State

NJ

Zip Code

07733-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore University Hospital Emerge

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

04 / 02 / 2014

**Transaction ID : C2671677**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**C. Francis Sabatino**

Mailing Address 2 Richards Way

City

Holmdel

State

NJ

Zip Code

07733-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore University Hospital Emerge

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 02 / 2014

**Transaction ID : C2725972**

Amount of Each Receipt this Period

84.00

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

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

418.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Francis Sabatino**

Mailing Address 2 Richards Way

City State Zip Code  
Holmdel NJ 07733-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
North Shore University Hospital Emerge Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2014

**Transaction ID : C2745420**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**B. Marc Santambrosio**

Mailing Address 7965 S Park Pl

City State Zip Code  
Orlando FL 32819-4885

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Florida Emergency Physicians Kang & As Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742470**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. David D Sarkarati**

Mailing Address 1048 Howell Branch Rd

City State Zip Code  
Winter Park FL 32789-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Florida Emergency Physicians Kang & As Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742471**

Amount of Each Receipt this Period

1000.00

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

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

2084.00



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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lawrence J Satkowiak**

Mailing Address 2807 W Decatur Ave

City

Fresno

State

CA

Zip Code

93711-0356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 18 / 2014

Transaction ID : C2719413

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Lawrence J Satkowiak**

Mailing Address 2807 W Decatur Ave

City

Fresno

State

CA

Zip Code

93711-0356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742472

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Lawrence J Satkowiak**

Mailing Address 2807 W Decatur Ave

City

Fresno

State

CA

Zip Code

93711-0356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 18 / 2014

Transaction ID : C2762390

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mark Scheatzle**

Mailing Address 1012 Summerset Dr

City State Zip Code  
Pittsburgh PA 15217-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mark Scheatzle, MD, FACEP

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : C2761453**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Steven J Schepper**

Mailing Address 8223 Paradise Lagoon Dr

City State Zip Code  
Lucerne CA 95458-8532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steven J Schepper, MD, FACEP

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2014

**Transaction ID : C2745209**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Frederick M Schiavone**

Mailing Address 31 Pagnotta Dr

City State Zip Code  
Port Jeff Sta NY 11776-4454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stony Brook Emergency Physicians

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : C2721733**

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nathaniel R Schlicher**

Mailing Address 4615 77th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nathaniel R Schlicher, MD, JD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2014

**Transaction ID : C2755783**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Nathaniel R Schlicher**

Mailing Address 4615 77th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nathaniel R Schlicher, MD, JD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2014

**Transaction ID : C2755790**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Jeffrey Schultz**

Mailing Address 10031 N 38th St

City

Phoenix

State

AZ

Zip Code

85028-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jeffrey Schultz, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2014

**Transaction ID : C2754943**

Amount of Each Receipt this Period

250.00

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

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

416.68

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 164 OF 256  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Regan Andre Schwartz**

Mailing Address 2446 Westminster Ter

City	State	Zip Code
Oviedo	FL	32765-7503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang &amp; As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2014

**Transaction ID : C2742473**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Evan Schwarz**

Mailing Address 2604 Cecelia Ave

City	State	Zip Code
Saint Louis	MO	63144-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington University - Missouri

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2014

**Transaction ID : C2740601**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. David L Scott**

Mailing Address 4733 N Ridge Dr

City	State	Zip Code
Akron	OH	44333-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2014

**Transaction ID : C2719414**

Amount of Each Receipt this Period

83.33

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

1333.33

**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 165 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David L Scott**

Mailing Address 4733 N Ridge Dr

City State Zip Code  
Akron OH 44333-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physician Managemen

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742474**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. David L Scott**

Mailing Address 4733 N Ridge Dr

City State Zip Code  
Akron OH 44333-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physician Managemen

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : C2762391**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Julia M Scott**

Mailing Address 4517 Nicklaus Dr

City State Zip Code  
Lawrence KS 66047-1980

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Julia M Scott, MD

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2014

**Transaction ID : C2735131**

Amount of Each Receipt this Period

250.00

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

416.66

**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 PageFOR LINE NUMBER: PAGE 166 OF 256  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William P Scruggs**

Mailing Address 1445 Akiikii Pl

City	State	Zip Code
Kailua	HI	96734-4285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hawaii Emergency Physicians Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2014

**Transaction ID : C2764753**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David Charles Seaberg**Mailing Address 960 E 3rd St  
Univ TN Colg of Med-Deans Ofc

City	State	Zip Code
Chattanooga	TN	37403-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

David Charles Seaberg, MD, CPE, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2014

**Transaction ID : C2754565**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Victoria Hutto Selley**

Mailing Address 204 Glenn Abby Dr

City	State	Zip Code
Morehead City	NC	28557-2578

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	18	/	2014

**Transaction ID : C2719369**

Amount of Each Receipt this Period

83.33

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

833.33

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

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

FOR LINE NUMBER: PAGE 167 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Victoria Hutto Selley**

Mailing Address 204 Glenn Abby Dr

City State Zip Code  
 Morehead City NC 28557-2578

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emergency Medicine Physician Managemen

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : C2742435**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Victoria Hutto Selley**

Mailing Address 204 Glenn Abby Dr

City State Zip Code  
 Morehead City NC 28557-2578

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emergency Medicine Physician Managemen

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : C2762392**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Gregory L Shangold**

Mailing Address 66 Beacon Hill Dr

City State Zip Code  
 Storrs Manfld CT 06268-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Northeast Emergency Medicine Specialis

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : C2762340**

Amount of Each Receipt this Period

1000.00

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

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

1166.66

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

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

FOR LINE NUMBER: PAGE 168 OF 256

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul M Sheehan

Mailing Address 4923 Elm St

City	State	Zip Code
Bellaire	TX	77401-2810

FEC ID number of contributing federal political committee.

C

Name of Employer

Paul M Sheehan, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2014

Transaction ID : C2763589

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Henry F Showah

Mailing Address 7148 Estrella De Mar Rd

City	State	Zip Code
Carlsbad	CA	92009-6710

FEC ID number of contributing federal political committee.

C

Name of Employer

Tri City Emergency Medical Group

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2014

Transaction ID : C2742378

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Julia Shuleshko

Mailing Address 6589 Springpath Ln

City	State	Zip Code
San Jose	CA	95120-4550

FEC ID number of contributing federal political committee.

C

Name of Employer

Julia Shuleshko, DO, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2014

Transaction ID : C2762862

Amount of Each Receipt this Period

86.20

SUBTOTAL of Receipts This Page (optional)..... ►

1336.20

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 169 OF 256

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeremy Wendell Simonsen**

Mailing Address 400 N Church St

City

Charlotte

State

NC

Zip Code

28202-2190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2014

**Transaction ID : C2719418**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**B. Jeremy Wendell Simonsen**

Mailing Address 400 N Church St

City

Charlotte

State

NC

Zip Code

28202-2190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2014

**Transaction ID : C2742475**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**C. Jeremy Wendell Simonsen**

Mailing Address 400 N Church St

City

Charlotte

State

NC

Zip Code

28202-2190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2014

**Transaction ID : C2762394**

Amount of Each Receipt this Period

84.00

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

252.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 170 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Weylin Sing**

Mailing Address 11347 Ledge ment Ln

City

Windermere

State

FL

Zip Code

34786-6413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742476

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Siva Sivanesan**

Mailing Address 765 Bear Creek Cir

City

Winter Spgs

State

FL

Zip Code

32708-3892

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742477

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. David P Sklar**

Mailing Address 1805 Newton PI NE

City

Albuquerque

State

NM

Zip Code

87106-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

David P Sklar, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 24 / 2014

Transaction ID : C2721738

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mark Slabinski**

Mailing Address 4535 Dressler Rd NW

City State Zip Code  
 Canton OH 44718-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emergency Medicine Physician Managemen

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 18 2014

**Transaction ID : C2719421**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. Mark Slabinski**

Mailing Address 4535 Dressler Rd NW

City State Zip Code  
 Canton OH 44718-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emergency Medicine Physician Managemen

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 22 2014

**Transaction ID : C2742478**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **C. Mark Slabinski**

Mailing Address 4535 Dressler Rd NW

City State Zip Code  
 Canton OH 44718-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emergency Medicine Physician Managemen

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 18 2014

**Transaction ID : C2762396**

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 172 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Don L Slack**

Mailing Address 1415 E Kincaid St  
 Skagit Valley Hosp

City State Zip Code  
 Mount Vernon WA 98274-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 North Cascade Emergency Physicians

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : C2764526**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Joy Felicia Slade**

Mailing Address PO Box 14246

City State Zip Code  
 Atlanta GA 30324-1246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Joy Felicia Slade, MD

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2014

**Transaction ID : C2738733**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Joy Felicia Slade**

Mailing Address PO Box 14246

City State Zip Code  
 Atlanta GA 30324-1246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Joy Felicia Slade, MD

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : C2755792**

Amount of Each Receipt this Period

41.67

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

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

333.34

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

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

FOR LINE NUMBER: PAGE 173 OF 256

(check only one)

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

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)

**A. Todd Slesinger**

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore University Hospital Emerge

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : C2716046

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Todd Slesinger**

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore University Hospital Emerge

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

Transaction ID : C2736365

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Todd Slesinger**

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore University Hospital Emerge

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2014

Transaction ID : C2754634

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 174 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Samuel C Slimmer Jr**

Mailing Address 1722 Breckenridge Rd

City

Orwigsburg

State

PA

Zip Code

17961-9544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Samuel C Slimmer, Jr, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : C2762341**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Virgil W Smaltz**

Mailing Address 24 Bay View Ter

City

Geneva

State

NY

Zip Code

14456-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 21 / 2014

**Transaction ID : C2719632**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Virgil W Smaltz**

Mailing Address 24 Bay View Ter

City

Geneva

State

NY

Zip Code

14456-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2014

**Transaction ID : C2753737**

Amount of Each Receipt this Period

83.34

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

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

1166.68

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

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

FOR LINE NUMBER: PAGE 175 OF 256

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. James L Smith Jr

Mailing Address 3278 Whidby Rd

City  
BufordState  
GAZip Code  
30518-1450FEC ID number of contributing  
federal political committee.

C

Name of Employer

James L Smith, Jr, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2014

Transaction ID : C2716564

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. James L Smith Jr

Mailing Address 3278 Whidby Rd

City  
BufordState  
GAZip Code  
30518-1450FEC ID number of contributing  
federal political committee.

C

Name of Employer

James L Smith, Jr, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2014

Transaction ID : C2738732

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. James L Smith Jr

Mailing Address 3278 Whidby Rd

City  
BufordState  
GAZip Code  
30518-1450FEC ID number of contributing  
federal political committee.

C

Name of Employer

James L Smith, Jr, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

Transaction ID : C2753852

Amount of Each Receipt this Period

8.33

SUBTOTAL of Receipts This Page (optional)..... ►

175.01

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 176 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James L Smith Jr**

Mailing Address 3278 Whidby Rd

City State Zip Code  
 Buford GA 30518-1450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 James L Smith, Jr, MD, FACEP

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.37

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : C2755791**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Daniel Snediker**

Mailing Address 1425 Browning Rd

City State Zip Code  
 Pittsburgh PA 15206-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emergency Medicine Physician Managemen

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 18 / 2014

**Transaction ID : C2719416**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Daniel Snediker**

Mailing Address 1425 Browning Rd

City State Zip Code  
 Pittsburgh PA 15206-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emergency Medicine Physician Managemen

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : C2742480**

Amount of Each Receipt this Period

83.33

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

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

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 177 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel Snediker**

Mailing Address 1425 Browning Rd

City  
Pittsburgh

State  
PA

Zip Code  
15206-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742479**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Daniel Snediker**

Mailing Address 1425 Browning Rd

City  
Pittsburgh

State  
PA

Zip Code  
15206-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : C2762397**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Aaron M Snyder**

Mailing Address 9925 Silver Brook Dr

City  
Rockville

State  
MD

Zip Code  
20850-3653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Emergency Professional LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 12 / 2014

**Transaction ID : C2730552**

Amount of Each Receipt this Period

2000.00

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

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

2166.66

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 178 OF 256  
(check only one)

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

**A. Robert C Solomon**

Mailing Address 108 Saddle Ridge Dr

City	State	Zip Code
Oakdale	PA	15071-3726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robert C Solomon, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2014

**Transaction ID : C2744353**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Robert C Solomon**

Mailing Address 108 Saddle Ridge Dr

City	State	Zip Code
Oakdale	PA	15071-3726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robert C Solomon, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2014

**Transaction ID : C2764812**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Mary Louise Sparkes**

Mailing Address 27 Hickory Grove Way

City	State	Zip Code
Savannah	GA	31405-1028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgia Emergency Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

**Transaction ID : C2738512**

Amount of Each Receipt this Period

250.00

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

416.68

**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 PageFOR LINE NUMBER: PAGE 179 OF 256  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cindy Joan Spier**

Mailing Address 1116 Iron Springs Ct

City

Indianapolis

State

IN

Zip Code

46240-2662

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cindy Joan Spier, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		08		2014

**Transaction ID : C2729657**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jennifer L'Hommedieu Stankus**

Mailing Address 3110 Judson St

City

Gig Harbor

State

WA

Zip Code

98335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jennifer L'Hommedieu Stankus, MD, JD

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

**Transaction ID : C2716019**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Jennifer L'Hommedieu Stankus**

Mailing Address 3110 Judson St

City

Gig Harbor

State

WA

Zip Code

98335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jennifer L'Hommedieu Stankus, MD, JD

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

**Transaction ID : C2736353**

Amount of Each Receipt this Period

83.33

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

416.66

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 180 OF 256

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

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer L'Hommedieu Stankus**

Mailing Address 3110 Judson St

City

Gig Harbor

State

WA

Zip Code

98335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jennifer L'Hommedieu Stankus, MD, JD

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : C2785087**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Gary C Starr**

Mailing Address 5012 Russell Ave S

City

Minneapolis

State

MN

Zip Code

55410-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gary C Starr, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2014

**Transaction ID : C2719630**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Gary C Starr**

Mailing Address 5012 Russell Ave S

City

Minneapolis

State

MN

Zip Code

55410-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gary C Starr, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2014

**Transaction ID : C2742717**

Amount of Each Receipt this Period

83.34

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

250.01

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 181 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gary C Starr**

Mailing Address 5012 Russell Ave S

City

Minneapolis

State

MN

Zip Code

55410-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gary C Starr, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764025

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Peter Cornell Stich**

Mailing Address 1906 SE Lewellyn Ave

City

Troutdale

State

OR

Zip Code

97060-2365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medical Associates SW Washin

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 09 / 2014

Transaction ID : C2712524

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Victor Stiebel**

Mailing Address 6350 Phillips Ave

City

Pittsburgh

State

PA

Zip Code

15217-1808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Resource Management Incorpor

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 18 / 2014

Transaction ID : C2721739

Amount of Each Receipt this Period

250.00

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

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

583.34

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 182 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Lawrence M Stock**

Mailing Address 20540 Pacific Coast Hwy

City State Zip Code  
 Malibu CA 90265-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Antelope Valley Emergency Medicine Ass

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742381**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Michael Stratemeier**

Mailing Address 7 Mulberry Ct

City State Zip Code  
 Holtsville NY 11742-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michael Stratemeier, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 08 / 2014

**Transaction ID : C2729658**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. David FE Stuhlmiller**

Mailing Address 2 Hillside Ave

City State Zip Code  
 Madison NJ 07940-2527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

David FE Stuhlmiller, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2770070**

Amount of Each Receipt this Period

1000.00

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

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

2500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 183 OF 256  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Clark Stuntz Jr**

Mailing Address 4 Courageous St

City  
CloverState  
SCZip Code  
29710-9281FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	4

**Transaction ID : C2729660**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Thomas Jerome Sugarman**

Mailing Address 1563 Solano Ave

City

Berkeley

State

CA

Zip Code

94707-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas Jerome Sugarman, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5			2		2	0	1	4

**Transaction ID : C2742382**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Thomas Jerome Sugarman**

Mailing Address 1563 Solano Ave

City

Berkeley

State

CA

Zip Code

94707-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas Jerome Sugarman, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6			2		2	0	1	4

**Transaction ID : C2762893**

Amount of Each Receipt this Period

86.20

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

1336.20

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

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

FOR LINE NUMBER: PAGE 184 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert Eduard Suter**

Mailing Address PO Box 670785

City State Zip Code  
 Dallas TX 75367-0785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Texas Emergency Physicians PA

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
 05 / 22 / 2014

**Transaction ID : C2742481**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Brian Sutton**

Mailing Address 47 Stephanie Ln

City State Zip Code  
 Westfield MA 01085-1484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Westfield Emergency Physicians

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
 05 / 04 / 2014

**Transaction ID : C2726029**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Robert Louis Sweeney**

Mailing Address 1945 State Route 33  
 Jersey Shore Med Ctr

City State Zip Code  
 Neptune NJ 07753-4859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jersey Shore Medical Center

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
 05 / 22 / 2014

**Transaction ID : C2742383**

Amount of Each Receipt this Period

500.00

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

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

1750.00



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 185 OF 256

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

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Terence J Sweeney**

Mailing Address 925 Carolyn Ave

City

Modesto

State

CA

Zip Code

95350-5209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	4

**Transaction ID : C2762898**

Amount of Each Receipt this Period

86.20

Full Name (Last, First, Middle Initial)

**B. Douglas N Tannas**

Mailing Address 6339 Red Fox Rd

City

Pendleton

State

IN

Zip Code

46064-8732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana University Health Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	4

**Transaction ID : C2754944**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Craig S Thomas**

Mailing Address 356 Kaelepulu Dr

City

Kailua

State

HI

Zip Code

96734-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hawaii Emergency Physicians Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	4

**Transaction ID : C2729643**

Amount of Each Receipt this Period

500.00

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

1586.20

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 186 OF 256

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bryce Tiller**

Mailing Address 917 1st St N

City

State

Zip Code

Jax Bch

FL

32250-9106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Bryce Tiller, MD, FACEP

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	4

**Transaction ID : C2745211**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Alfredo Tirado-Gonzalez**

Mailing Address 4432 Twinview Ln

City

State

Zip Code

Orlando

FL

32814-6055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Florida Emergency Physicians Kang &amp; As

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	4

**Transaction ID : C2742482**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kevin James Torres**

Mailing Address 20 Croft Ct

City

State

Zip Code

Pawcatuck

CT

06379-1233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Emergency Medicine Physician Managemen

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	4

**Transaction ID : C2719428**

Amount of Each Receipt this Period

83.33

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

1333.33

**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 187 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kevin James Torres**

Mailing Address 20 Croft Ct

City State Zip Code  
Pawcatuck CT 06379-1233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physician Managemen

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
05 22 2014

**Transaction ID : C2742483**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Kevin James Torres**

Mailing Address 20 Croft Ct

City State Zip Code  
Pawcatuck CT 06379-1233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Physician Managemen

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
06 18 2014

**Transaction ID : C2762398**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Gerad A Troutman**

Mailing Address 7202 109th St

City State Zip Code  
Lubbock TX 79424-3700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gerad A Troutman, MD

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 25 2014

**Transaction ID : C2769896**

Amount of Each Receipt this Period

500.00

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

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

666.66

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

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

FOR LINE NUMBER: PAGE 188 OF 256  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert J Tubbs**

Mailing Address 7 Weston Ave

City State Zip Code  
 Foxboro MA 02035-1863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 University Emergency Medicine Foundati

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 18 2014

**Transaction ID : C2721740**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jeremy David Tucker**

Mailing Address 23959 Meredith Ct

City State Zip Code  
 Hollywood MD 20636-2172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Medical Emergency Professional LLC

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 23 2014

**Transaction ID : C2720308**

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

**C. Joseph Adrian Tyndall**

Mailing Address PO Box 10186  
 Univ of FL - Dept of EM

City State Zip Code  
 Gainesville FL 32610-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UF Department of Emergency Medicine Gr

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 16 2014

**Transaction ID : C2716042**

Amount of Each Receipt this Period

83.34

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

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

2683.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 189 OF 256  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph Adrian Tyndall**

Mailing Address PO Box 10186

Univ of FL - Dept of EM

City

Gainesville

State

FL

Zip Code

32610-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UF Department of Emergency Medicine Gr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

**Transaction ID : C2736361**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Joseph Adrian Tyndall**

Mailing Address PO Box 10186

Univ of FL - Dept of EM

City

Gainesville

State

FL

Zip Code

32610-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UF Department of Emergency Medicine Gr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : C2754630**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Travis Ulmer**

Mailing Address 1210 Oakland Ave

City

Columbus

State

OH

Zip Code

43212-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	4

**Transaction ID : C2719425**

Amount of Each Receipt this Period

83.33

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

250.01

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Travis Ulmer**

Mailing Address 1210 Oakland Ave

City

Columbus

State

OH

Zip Code

43212-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742484**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Travis Ulmer**

Mailing Address 1210 Oakland Ave

City

Columbus

State

OH

Zip Code

43212-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2762399**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Bradley J Uren**

Mailing Address 8115 Pettysville Rd

City

Pinckney

State

MI

Zip Code

48169-8281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bradley J Uren, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

04 / 16 / 2014

**Transaction ID : C2716051**

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 191 OF 256

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bradley J Uren**

Mailing Address 8115 Pettysville Rd

City

Pinckney

State

MI

Zip Code

48169-8281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bradley J Uren, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 16 / 2014

**Transaction ID : C2736373**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Bradley J Uren**

Mailing Address 8115 Pettysville Rd

City

Pinckney

State

MI

Zip Code

48169-8281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bradley J Uren, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

06 / 16 / 2014

**Transaction ID : C2754637**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Vincent G Valente**

Mailing Address 2220 Via Tuscany

City

Winter Park

State

FL

Zip Code

32789-1239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742485**

Amount of Each Receipt this Period

1000.00

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

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

1166.66

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 192 OF 256

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Allin Cornelius Vesa**

Mailing Address 180 Greyfriars Rd

City

Mooresville

State

NC

Zip Code

28117-7333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2014

**Transaction ID : C2719432**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Allin Cornelius Vesa**

Mailing Address 180 Greyfriars Rd

City

Mooresville

State

NC

Zip Code

28117-7333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2014

**Transaction ID : C2742486**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Allin Cornelius Vesa**

Mailing Address 180 Greyfriars Rd

City

Mooresville

State

NC

Zip Code

28117-7333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2014

**Transaction ID : C2762400**

Amount of Each Receipt this Period

83.33

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

249.99

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



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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard J Wadas**

Mailing Address 1003 Amy Pl

City

Gibsonia

State

PA

Zip Code

15044-8074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Resource Management Incorpor

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 18 / 2014

**Transaction ID : C2718245**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mary Jo Wagner**

Mailing Address 5425 Nottingham Dr N

City

Saginaw

State

MI

Zip Code

48603-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Health Care

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 10 / 2014

**Transaction ID : C2754945**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Bradford L Walters**

Mailing Address 6033 Orchard Woods Dr

City

W Bloomfield

State

MI

Zip Code

48324-3281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bradford L Walters, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 23 / 2014

**Transaction ID : C2721357**

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bradford L Walters**

Mailing Address 6033 Orchard Woods Dr

City

W Bloomfield

State

MI

Zip Code

48324-3281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bradford L Walters, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742386**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Neil Wang**

Mailing Address 255 N Sierra St

City

Reno

State

NV

Zip Code

89501-1368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neil Wang, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 29 / 2014

**Transaction ID : C2770076**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. William Alfred Watkins**

Mailing Address 2975 Pinnacle Ct

City

Decatur

State

GA

Zip Code

30034-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EmergiNet

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : C2767211**

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bradley Alan Watling**

Mailing Address 109 Viewpoint Ln

City State Zip Code  
 Mooresville NC 28117-7558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 18 / 2014

**Transaction ID : C2719434**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Bradley Alan Watling**

Mailing Address 109 Viewpoint Ln

City State Zip Code  
 Mooresville NC 28117-7558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : C2742487**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Bradley Alan Watling**

Mailing Address 109 Viewpoint Ln

City State Zip Code  
 Mooresville NC 28117-7558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : C2762401**

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael L Weaver**

Mailing Address 4505 Headwood Dr

City

Kansas City

State

MO

Zip Code

64111-3439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Metropolitan Emergency Physicians LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : C2712526

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Daniel R Wehner**

Mailing Address 355 Bliss St

City

Johnstown

State

PA

Zip Code

15905-2755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Daniel R Wehner, MD, MBA, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 22 / 2014

Transaction ID : C2720288

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Richard Preston Wendell**

Mailing Address 211 Haddrell St

City

Mt Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trident Emergency Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 05 / 2014

Transaction ID : C2729913

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paula Jo Whiteman**

Mailing Address 11663 Dona Alicia Pl

City

Studio City

State

CA

Zip Code

91604-4231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergent Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2014

Transaction ID : C2742394

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David E Wilcox**

Mailing Address 8 Aspen Dr

City

S Glastonbury

State

CT

Zip Code

06073-2938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

David E Wilcox, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

Transaction ID : C2742388

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dean Wilkerson**

Mailing Address 538 Rolling Hills Rd

City

Coppell

State

TX

Zip Code

75019-4049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dean Wilkerson, JD, MBA, CAE

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 18 / 2014

Transaction ID : C2719438

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Adetunji B Williams**

Mailing Address 17325 Moss Side Ln

City

Olney

State

MD

Zip Code

20832-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adetunji B Williams, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2014

**Transaction ID : C2769949**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mildred J Willy**

Mailing Address 5576 Hickory Ln

City

Bay City

State

MI

Zip Code

48706-9722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Timberline Emergency Physicians PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2014

**Transaction ID : C2742389**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mark E Winther**

Mailing Address 219 Bibik Rd

City

Richfld Spgs

State

NY

Zip Code

13439-4541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bassett Healthcare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 03 / 2014

**Transaction ID : C2754900**

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Wirtz**

Mailing Address 1 Highgate NE

City

Ithaca

State

NY

Zip Code

14850-1483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : C2719439**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. David Wirtz**

Mailing Address 1 Highgate NE

City

Ithaca

State

NY

Zip Code

14850-1483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : C2742488**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. David Wirtz**

Mailing Address 1 Highgate NE

City

Ithaca

State

NY

Zip Code

14850-1483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : C2762402**

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard W Wolfe

Mailing Address 33214 Old Post Rd

City State Zip Code  
 Niles MI 49120-7773

FEC ID number of contributing federal political committee.

C

Name of Employer

Richard W Wolfe, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 22 2014

Transaction ID : C2742390

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephanie K Wood

Mailing Address 343 N Roscoe Blvd

City State Zip Code  
 Ponte Vedra FL 32082-2145

FEC ID number of contributing federal political committee.

C

Name of Employer

Stephanie K Wood, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 09 2014

Transaction ID : C2712527

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Thomas E Wyatt

Mailing Address 3925 Drew Ave S

City State Zip Code  
 Minneapolis MN 55410-1049

FEC ID number of contributing federal political committee.

C

Name of Employer

Mercy Hospital Emergency Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 16 2014

Transaction ID : C2716047

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

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



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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Adam M Yates**

Mailing Address 333 Log Cabin Rd

City

Tarentum

State

PA

Zip Code

15084-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Pittsburgh Emergency Physic

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2014

**Transaction ID : C2729662**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Liam Yore**

Mailing Address 15350 162nd Ave NE

City

Woodinville

State

WA

Zip Code

98072-8932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Sound Emergency Medicine

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2716048**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Gary David Zimmer**

Mailing Address 419 Boxwood Rd

City

Bryn Mawr

State

PA

Zip Code

19010-1254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gary David Zimmer, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2014

**Transaction ID : C2764761**

Amount of Each Receipt this Period

1000.00

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

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

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrew R Zinkel**

Mailing Address 5215 Beard Ave S

City

Minneapolis

State

MN

Zip Code

55410-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regions Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

**Transaction ID : C2725443**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Andrew R Zinkel**

Mailing Address 5215 Beard Ave S

City

Minneapolis

State

MN

Zip Code

55410-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regions Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2014

**Transaction ID : C2744916**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Andrew R Zinkel**

Mailing Address 5215 Beard Ave S

City

Minneapolis

State

MN

Zip Code

55410-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regions Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : C2764866**

Amount of Each Receipt this Period

83.34

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

250.02

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael D Zwank**

Mailing Address 2131 Pinehurst Ave

City

Saint Paul

State

MN

Zip Code

55116-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regions Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2014

Transaction ID : C2721743

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

1000.00

208312.21

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 204 OF 256

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. JPMorgan Chase Bank NA**Mailing Address 1717 Main Street  
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
BANK FEES APR14

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

**Transaction ID : D158325**

Amount of Each Disbursement this Period

328.48
--------

Full Name (Last, First, Middle Initial)

**B. JPMorgan Chase Bank NA**Mailing Address 1717 Main Street  
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
BANK FEES MAY2014

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

**Transaction ID : D159840**

Amount of Each Disbursement this Period

951.81
--------

Full Name (Last, First, Middle Initial)

**C. JPMorgan Chase Bank NA**Mailing Address 1717 Main Street  
3rd Floor

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
BANK FEES JUN14

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : D159841**

Amount of Each Disbursement this Period

1571.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2851.29
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. The Cannon Group**Mailing Address The Cannon Group  
1301 K Street, NW, Suite 1050 East

City Washington State DC Zip Code 20005

Purpose of Disbursement  
PAC fundraising expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014**Transaction ID : VD159302**

Amount of Each Disbursement this Period

360.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

360.00

3211.29

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alaskans for Begich**

Mailing Address PO Box 240287

City	State	Zip Code
Anchorage	AK	99524

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Mark Peter Begich**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	29	/	2014

**Transaction ID : D157769**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Alaskans for Begich**

Mailing Address PO Box 240287

City	State	Zip Code
Anchorage	AK	99524

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Mark Peter Begich**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : D159340**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Alexander for Senate 2014 Inc**

Mailing Address 228 S Washington Street Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Lamar Alexander**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	09	/	2014

**Transaction ID : D157264**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 207 OF 256

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alexander for Senate 2014 Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Mailing Address 228 S Washington Street Suite 115

City	State	Zip Code
Alexandria	VA	22314

**Transaction ID : D157766**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Lamar Alexander**Category/  
Type

2500.00

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District:

Full Name (Last, First, Middle Initial)

**B. Ami Bera for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Mailing Address PO Box 582496

City	State	Zip Code
Elk Grove	CA	95758

**Transaction ID : D158268**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Ameriash B. Bera**Category/  
Type

1000.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 07

Full Name (Last, First, Middle Initial)

**C. Amodei for Nevada**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Mailing Address 503 N Division St

City	State	Zip Code
Carson City	NV	89703

**Transaction ID : D158259**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Mark E. Amodei**Category/  
Type

2500.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 02

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 208 OF 256

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andy Harris for Congress**

Mailing Address PO Box 604

City	State	Zip Code
Bel Air	MD	21014

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Andrew P. Harris**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

**Transaction ID : D157262**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City	State	Zip Code
Gladstone	MI	49837-0108

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Daniel J. Benishek**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

**Transaction ID : D158105**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City	State	Zip Code
Gladstone	MI	49837-0108

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Daniel J. Benishek**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

**Transaction ID : D158869**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 209 OF 256

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bennet for Colorado**

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Michael F. Bennet**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : D159343**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Bilirakis for Congress**

Mailing Address PO Box 606

City	State	Zip Code
Tarpon Springs	FL	34688-0606

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Gus Michael Bilirakis**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	02	/	2014

**Transaction ID : D155778**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Bilirakis for Congress**

Mailing Address PO Box 606

City	State	Zip Code
Tarpon Springs	FL	34688-0606

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Gus Michael Bilirakis**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	23	/	2014

**Transaction ID : D157671**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 210 OF 256

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bill Flores for Congress**

Mailing Address PO Box 6207

City	State	Zip Code
Bryan	TX	77805

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**William H. Flores**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2014

**Transaction ID : D158710**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Bill Shuster for Congress**

Mailing Address PO Box 27

City	State	Zip Code
Holidaysburg	PA	16648

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**William F. Shuster**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	09	/	2014

**Transaction ID : D157260**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Bill Shuster for Congress**

Mailing Address PO Box 27

City	State	Zip Code
Holidaysburg	PA	16648

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**William F. Shuster**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

**Transaction ID : D158257**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

# National Emergency Medicine Political Action Committee

State: MO District: 07

Three examples of the 3x3 grid pattern are shown, separated by slashes. The first grid contains the number '04' with 'M' in the top-left and top-right cells. The second grid contains the number '09' with 'D' in the top-left and top-right cells. The third grid contains the year '2014' with 'Y' in the top-left, top-right, middle-right, and bottom-right cells.

1500.00

State: OR District: 03

Category/  
Type

State: OR District: 01

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 212 OF 256

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Candice Miller for Congress**

Mailing Address PO Box 182152

City	State	Zip Code
Shelby Township	MI	48318-2152

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Candice S. Miller**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : D158867**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210-0137

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Cathy McMorris Rodgers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : D159298**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Charles Boustany Jr. Md for Congress, Inc.**

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598-0126

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Charles W. Boustany Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2014

**Transaction ID : D158095**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Chris Coons for Delaware**

Mailing Address PO Box 9900

City  
NewarkState  
DEZip Code  
19714Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Christopher Andrew Coons**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2014

**Transaction ID : D158106**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Chuck Fleischmann for Congress Committee, Inc.**

Mailing Address PO Box 11091

City  
ChattanoogaState  
TNZip Code  
37401Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Charles J. Fleischmann**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : D158868**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Citizens To Elect Rick Larsen**

Mailing Address PO Box 326

City  
EverettState  
WAZip Code  
98206Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rick Larsen**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2014

**Transaction ID : D157673**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cmr Political Action Committee**

Mailing Address PO Box 2485

City  
SpringfieldState  
VAZip Code  
22152-0485Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Cmr Political Action Committee**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2014

**Transaction ID : D155780**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Cmr Political Action Committee**

Mailing Address PO Box 2485

City  
SpringfieldState  
VAZip Code  
22152-0485Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Cmr Political Action Committee**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2014

**Transaction ID : D157672**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Cmr Political Action Committee**

Mailing Address PO Box 2485

City  
SpringfieldState  
VAZip Code  
22152-0485Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Cmr Political Action Committee**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : D159731**

Amount of Each Disbursement this Period

-2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Coffman for Congress**Mailing Address 9249 South Broadway  
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Mike Coffman**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : D159296**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Come Back Political Action Committee**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Come Back Political Action Committee**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : D158272**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)**

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Voided Check

Candidate Name

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : D159728**

Amount of Each Disbursement this Period

-1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Conservative Opportunity Leadership and Enterprise PAC (COLE PAC)**

Mailing Address 12176 Chancery Station Circle

City	State	Zip Code
Reston	VA	20190

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name  
Conservative Opportunity Leadership and Enterprise PAC (COLE PAC)Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

**Transaction ID : D157254**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Dave Camp for Congress**Mailing Address 5915 Eastman Avenue  
Suite 100

City	State	Zip Code
Midland	MI	48640-6824

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name  
**David Lee Camp**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

**Transaction ID : D159851**

Amount of Each Disbursement this Period

-3500.00
----------

Full Name (Last, First, Middle Initial)

**C. Dedicated To Establishing National Teamwork PAC (DENT PAC)**

Mailing Address 610 S. Boulevard

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name  
**Dedicated To Establishing National Teamwork PAC (DENT PAC)**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : D158528**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Democrats United To Change and Hope PAC (DUTCH PAC)**Mailing Address 499 S. Capitol Street, SW  
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Democrats United To Change and Hope PAC (DUTCH PAC)**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

**Transaction ID : D157759**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Denham for Congress**

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Jeffrey Denham**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

**Transaction ID : D158110**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Diana Degette for Congress**

Mailing Address PO Box 61337

City Denver State CO Zip Code 80206-8337

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Diana L. DeGette**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : D158266**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Brian Babin for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Mailing Address PO Box 159

City	State	Zip Code
Woodville	TX	75979

**Transaction ID : D158438**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Brian Babin**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Runoff

State: TX District: 36

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Dr Chad Mathis for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Mailing Address 2960 Pelham Pkwy  
PO Box 1641

City	State	Zip Code
Pelham	AL	35124-5641

**Transaction ID : D157248**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Chad Mathis**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 06

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Dr Monica Wehby for US Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address PO Box 3375

City	State	Zip Code
Portland	OR	97208

**Transaction ID : D158526**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Monica Wehby**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District:

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eloise Gomez Reyes for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Mailing Address PO Box 11487

City	State	Zip Code
San Bernardino	CA	92423

**Transaction ID : D158441**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Eloise Gomez Reyes**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 31

2500.00

Full Name (Last, First, Middle Initial)

**B. Fitzpatrick for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2014

Mailing Address 115 N Broad Street

City	State	Zip Code
Doylestown	PA	18901

**Transaction ID : D158709**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Michael G. Fitzpatrick**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 08

1500.00

Full Name (Last, First, Middle Initial)

**C. Fleming for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2014

Mailing Address PO Box 1236

City	State	Zip Code
Minden	LA	71058-1236

**Transaction ID : D158103**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**John Calvin Fleming Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 04

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Freedom Project; the**

Mailing Address 320 1st Street SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Freedom Project; the**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

**Transaction ID : D158109**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Bob Johnson**

Mailing Address PO Box 16401

City  
SavannahState  
GAZip Code  
31416-3101Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Robert Eugene Johnson M.D.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

**Transaction ID : D157251**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Bob Johnson**

Mailing Address PO Box 16401

City  
SavannahState  
GAZip Code  
31416-3101Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Robert Eugene Johnson M.D.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: GA District: 01

Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

**Transaction ID : D158440**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Dan Maffei**

Mailing Address PO Box 230

City Syracuse	State NY	Zip Code 13201
------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Daniel Benjamin Maffei**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : D158519**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Dave Joyce**

Mailing Address 320 Kenarden Drive

City Cleveland	State OH	Zip Code 44143-3710
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Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**David P. Joyce**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : D159371**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Dave Reichert**

Mailing Address PO Box 2032

City Issaquah	State WA	Zip Code 98027
------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**David G. Reichert**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : D159349**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Dennis Ross**

Mailing Address 133 South Harbor Drive

City	State	Zip Code
Venice	FL	34285

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Dennis A. Ross**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : D158865**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Farr**

Mailing Address PO Box 122

City	State	Zip Code
Monterey	CA	93942

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Sam Farr**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	29	/	2014

**Transaction ID : D157771**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Glenn Thompson**

Mailing Address PO Box 1112

City	State	Zip Code
State College	PA	16804

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Glenn W. Thompson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	09	/	2014

**Transaction ID : D157232**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of John Boehner**Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**John A. Boehner**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: OH District: 08Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	07	/	2014

**Transaction ID : D158108**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Mark Warner**

Mailing Address 2034 Eisenhower Avenue, Suite 222

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Mark Robert Warner**Office Sought: ☐ House  
☒ Senate  
☐ President  
State: VA District:Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	29	/	2014

**Transaction ID : D157761**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Michelle**

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Michelle Lujan Grisham**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: NM District: 01Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : D159332**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Rosa Delauro**

Mailing Address 129 Church St, Ste 818

City  
New HavenState  
CTZip Code  
06510Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rosa L. DeLauro**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2014

**Transaction ID : D158104**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City  
New YorkState  
NYZip Code  
10016Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Charles E. Schumer**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2014

**Transaction ID : D158716**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Val Arkoosh**

Mailing Address PO Box 1011

City  
GlensideState  
PAZip Code  
19038Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Valerie Ann Arkoosh**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2014

**Transaction ID : D157669**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Garamendi for Congress**

Mailing Address 1050 17th St NW Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**John Raymond Garamendi**

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y  
04 / 29 / 2014

**Transaction ID : D157764**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

## **B. Georgians for Isakson**

Mailing Address 6065 Roswell Road

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Johnny Isakson**

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 10 / 2014

**Transaction ID : D158871**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Gillibrand for Senate**

Mailing Address 236 Massachusetts Ave NE  
Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Kirsten Elizabeth Gillibrand**

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 25 / 2014

**Transaction ID : D159346**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

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

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Grassroots Organizing Acting & Leading PAC - GoalPAC**

Mailing Address PO Box 30344

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Grassroots Organizing Acting & Leading PAC - GoalPAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : D159294**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Graves for Congress**

Mailing Address 2345 Grand, Suite 2400

City	State	Zip Code
Kansas City	MO	64108

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Samuel B. Graves Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : D158518**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Guthrie for Congress**

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102-9639

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**S. Brett Guthrie**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

**Transaction ID : D157762**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 227 OF 256

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Heartdocpac**

Mailing Address PO Box 628

City	State	Zip Code
Evansville	IN	47704-0628

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

**Heartdocpac**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2014

**Transaction ID : D158524**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Hellerhighwater PAC**

Mailing Address PO Box 370672

City	State	Zip Code
Las Vegas	NV	89137

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

**Hellerhighwater PAC**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2014

**Transaction ID : D157261**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Holding Onto Oregon's Priorities**

Mailing Address PO Box 3314

City	State	Zip Code
Portland	OR	97208

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

**Holding Onto Oregon's Priorities**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2014

**Transaction ID : D155771**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hope for Congress**Mailing Address 6045 Wilson Blvd  
Ste 101

City Arlington State VA Zip Code 22205

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Patrick A. Hope**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

**Transaction ID : D157267**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Hudson for Congress**

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027-1500

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Richard Lane Hudson Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : D159347**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Huffman for Congress 2012 Exploratory Committee**

Mailing Address PO Box 151563

City San Rafael State CA Zip Code 94915-1563

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Jared William Huffman**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : D158261**

Amount of Each Disbursement this Period

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

7000.00
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Jackie Speier for Congress**

Mailing Address PO Box 112

City State Zip Code  
 Burlingame CA 94011

Purpose of Disbursement  
 Contributions for Federal Candidates

Candidate Name

**K. Jacqueline Speier**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 14

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
 05 14 2014

**Transaction ID : D158271**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Jaime for Congress**

Mailing Address PO Box 1614

City State Zip Code  
 Ridgefield WA 98642-0020

Purpose of Disbursement  
 Contributions for Federal Candidates

Candidate Name

**Jaime Herrera Beutler**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WA District: 03

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
 04 09 2014

**Transaction ID : D157234**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

## **C. Jaime for Congress**

Mailing Address PO Box 1614

City State Zip Code  
 Ridgefield WA 98642-0020

Purpose of Disbursement  
 Contributions for Federal Candidates

Candidate Name

**Jaime Herrera Beutler**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WA District: 03

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
 04 30 2014

**Transaction ID : D158131**

Amount of Each Disbursement this Period

-1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

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

3000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeff Duncan for Congress**

Mailing Address PO Box 845

City	State	Zip Code
Laurens	SC	29360

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Jeffrey D. Duncan**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

**Transaction ID : D157255**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Jeff Duncan for Congress**

Mailing Address PO Box 845

City	State	Zip Code
Laurens	SC	29360

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Jeffrey D. Duncan**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : D158516**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Jet PAC**

Mailing Address PO Box 2385

City	State	Zip Code
Ottawa	IL	61350

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Jet PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : D158265**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 231 OF 256

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jim Tracy for Congress**

Mailing Address PO Box 332490

City	State	Zip Code
Murfreesboro	TN	37133

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Jim Tracy**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : D158521**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Jobs, Opportunities and Education PAC (JOE-PAC)**Mailing Address 700 13th Street, NW  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Jobs, Opportunities and Education PAC (JOE-PAC)**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : D158520**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Johnson for Congress**

Mailing Address PO Box 14496

City	State	Zip Code
Poland	OH	44514

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Bill Johnson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

**Transaction ID : D158876**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julia Brownley for Congress**

Mailing Address PO Box 2018

City	State	Zip Code
Thousand Oaks	CA	91358

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Julia Brownley**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : D158269**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Kansans for Huelskamp**

Mailing Address PO Box 410

City	State	Zip Code
Fowler	KS	67844-0410

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Tim A. Huelskamp**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

**Transaction ID : D157259**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Karen Bass for Congress**Mailing Address 777 S. Figueroa Street  
Suite 4050

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Karen R. Bass**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 37

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : D158260**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kirk for Senate**

Mailing Address PO Box 8

City Winnetka	State IL	Zip Code 60093
------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Mark Steven Kirk**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

**Transaction ID : D155770**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kuster for Congress, Inc.**

Mailing Address PO Box 1498

City Concord	State NH	Zip Code 03302
-----------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Ann McLane Kuster**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : D159339**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

City Tempe	State AZ	Zip Code 85285
---------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Kyrsten Sinema**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

**Transaction ID : D158099**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Langevin for Congress**

Mailing Address 181A Knight Street

City  
WarwickState  
RIZip Code  
02886Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**James R. Langevin**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : D159344**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Larson for Congress**

Mailing Address PO Box 261172

City  
HartfordState  
CTZip Code  
06126-1172Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**John B. Larson**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2014

**Transaction ID : D158270**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Lead Your Nation Now PAC (LYNN PAC)**

Mailing Address PO Box 1872

City  
TopekaState  
KSZip Code  
66601Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Lead Your Nation Now PAC (LYNN PAC)**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2014

**Transaction ID : D158111**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lee Terry for Congress**

Mailing Address PO Box 540098

City  
OmahaState  
NEZip Code  
68154-0098Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Lee Terry**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : D159729**

Amount of Each Disbursement this Period

Amount	-1000.00
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Full Name (Last, First, Middle Initial)

**B. Lincoln PAC**

Mailing Address PO Box A3968

City  
ChicagoState  
ILZip Code  
60690Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Lincoln PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2014

**Transaction ID : D158523**

Amount of Each Disbursement this Period

Amount	5000.00
--------	---------

Full Name (Last, First, Middle Initial)

**C. Lobiondo for Congress**

Mailing Address PO Box 550

City  
VinelandState  
NJZip Code  
08362Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Frank A. LoBiondo**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2014

**Transaction ID : D158102**

Amount of Each Disbursement this Period

Amount	1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

Amount	5000.00
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Amount	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Making a Responsible Stand for Households in America (MARSHA PAC)**

Mailing Address PO Box 3241

City Brentwood	State TN	Zip Code 37024-3241
-------------------	-------------	------------------------

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name  
Making a Responsible Stand for Households in America (MARSHA PAC)Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

**Transaction ID : D155781**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Making America Prosperous PAC**

Mailing Address PO Box 2485

City Springfield	State VA	Zip Code 22152-0485
---------------------	-------------	------------------------

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name  
Making America Prosperous PACCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

**Transaction ID : D158442**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City Brentwood	State TN	Zip Code 37024-3750
-------------------	-------------	------------------------

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name  
Marsha BlackburnCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼  
Contribution

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : D159353**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Matsui for Congress**

Mailing Address PO Box 1738

City	State	Zip Code
Sacramento	CA	95812

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Doris O. Matsui**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 06

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

**Transaction ID : D157770**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Matsui for Congress**

Mailing Address PO Box 1738

City	State	Zip Code
Sacramento	CA	95812

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Doris O. Matsui**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 06

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : D159301**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. McKinley for Congress**

Mailing Address PO Box 642

City	State	Zip Code
Morgantown	WV	26507

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**David B. McKinley**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WV District: 01

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

**Transaction ID : D157768**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mike Kelly for Congress**

Mailing Address PO Box 476

City Lyndora	State PA	Zip Code 16045
-----------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**G. Mike J. Kelly**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

**Transaction ID : D157760**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Mike Kelly for Congress**

Mailing Address PO Box 476

City Lyndora	State PA	Zip Code 16045
-----------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**G. Mike J. Kelly**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : D158262**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Mike Thompson for Congress**

Mailing Address 5429 Madison Avenue

City Sacramento	State CA	Zip Code 95841
--------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Michael C. Thompson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : D158517**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Morgan Griffith for Congress**

Mailing Address PO Box 361

City	State	Zip Code
Christiansburg	VA	24068

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**H. Morgan Griffith**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2014

**Transaction ID : D158175**

Amount of Each Disbursement this Period

-1000.00
----------

Full Name (Last, First, Middle Initial)

**B. Nancy Pelosi for Congress**Mailing Address 700 13th Street, NW  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Nancy Pelosi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	28	/	2014

**Transaction ID : D158522**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. New Pioneers PAC**

Mailing Address 228 S Washington St Ste 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

**New Pioneers PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2014

**Transaction ID : D158172**

Amount of Each Disbursement this Period

-1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 240 OF 256

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. New York Jobs PAC**

Mailing Address PO Box 708

City	State	Zip Code
Melville	NY	11747

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**New York Jobs PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : D159336**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Nutmeg PAC**Mailing Address C/O Cacace Tusch & Santagata  
777 Summer St, Suite 103

City	State	Zip Code
Stamford	CT	06903

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Nutmeg PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2014

**Transaction ID : D157758**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Orrinpac**

Mailing Address PO Box 3986

City	State	Zip Code
Washington	DC	20027

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Orrinpac**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : D159300**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pac To the Future**

Mailing Address 700 13th Street, NW, Suite 600

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Pac To the Future**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

**Transaction ID : D158866**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Pac To the Future**

Mailing Address 700 13th Street, NW, Suite 600

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Pac To the Future**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : D159722**

Amount of Each Disbursement this Period

-2500.00
----------

Full Name (Last, First, Middle Initial)

**C. Pascrell for Congress**

Mailing Address PO Box 100

City  
TeaneckState  
NJZip Code  
07666Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**William J. Pascrell Jr.**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ

District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

**Transaction ID : D158872**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pat Roberts for U.S. Senate, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2014

Mailing Address PO Box 433

City	State	Zip Code
Great Bend	KS	67530

**Transaction ID : D158275**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Pat Roberts**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS

District:

2500.00

Full Name (Last, First, Middle Initial)

**B. People for Ben**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2014

Mailing Address PO Box 31129

City	State	Zip Code
Santa Fe	NM	87594

**Transaction ID : D158267**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Ben Ray Lujan**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM

District: 03

1000.00

Full Name (Last, First, Middle Initial)

**C. People for Patty Murray**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Mailing Address PO Box 3662

City	State	Zip Code
Seattle	WA	98124

**Transaction ID : D158132**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Patty Murray**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA

District:

-1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. People for Patty Murray**

Mailing Address PO Box 3662

City	State	Zip Code
Seattle	WA	98124

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Patty Murray**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2014

**Transaction ID : D158721**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Pioneer Political Action Committee**Mailing Address 701 8th Street, NW  
Suite 500

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Pioneer Political Action Committee**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	23	/	2014

**Transaction ID : D157674**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Pittspac**

Mailing Address 1942 Park Plaza

City	State	Zip Code
Lancaster	PA	17601

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Pittspac**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	02	/	2014

**Transaction ID : D155779**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Raye for Congress**

Mailing Address PO Box 207

City Eastport	State ME	Zip Code 04631
------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Kevin L. Raye**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2014

**Transaction ID : D158437**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Reed Committee**

Mailing Address PO Box 8628

City Cranston	State RI	Zip Code 02920
------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Jack Francis Reed**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2014

**Transaction ID : D158527**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Rely on Your Beliefs Fund**

Mailing Address 209 Pennsylvania Avenue, SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

**Rely on Your Beliefs Fund**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2014

**Transaction ID : D158107**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Renee Ellmers for Congress Committee**

Mailing Address PO Box 99567

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Renee Jacisin Ellmers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

**Transaction ID : D157256**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Republican Operation To Secure and Keep a Majority (ROSKAM PAC)**

Mailing Address PO Box 1011

City	State	Zip Code
Wheaton	IL	60187

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

**Republican Operation To Secure and Keep a Majority (ROSKAM PAC)**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

**Transaction ID : D159354**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Richard Hanna for Congress Committee**

Mailing Address PO Box 118

City	State	Zip Code
Utica	NY	13503-0118

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Richard L. Hanna**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

**Transaction ID : D158529**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Hanna for Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Mailing Address PO Box 118

City	State	Zip Code
Utica	NY	13503-0118

**Transaction ID : D158864**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Richard L. Hanna**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 22

1000.00

Full Name (Last, First, Middle Initial)

**B. Rob Wittman for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Mailing Address PO Box 999

City	State	Zip Code
Montross	VA	22520

**Transaction ID : D157767**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Robert J. Wittman**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 01

2500.00

Full Name (Last, First, Middle Initial)

**C. Rodney for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Mailing Address PO Box 344

City	State	Zip Code
Taylorville	IL	62568-0344

**Transaction ID : D159351**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Rodney L. Davis**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 13

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Rogers for Congress**

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116-0581

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Mike J. Rogers**

Office Sought: ☒ House  
☐ Senate  
☐ President  
 State: MI District: 08

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

011

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
 04 / 25 / 2014

**Transaction ID : D157730**

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

## **B. Rothfus for Congress**

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Keith J. Rothfus**

Office Sought: ☒ House  
☐ Senate  
☐ President  
 State: PA District: 12

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

011

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
 06 / 25 / 2014

**Transaction ID : D159345**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

## **C. Ryan for Congress, Inc.**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Paul Ryan**

Office Sought: ☒ House  
☐ Senate  
☐ President  
 State: WI District: 01

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

011

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
 05 / 14 / 2014

**Transaction ID : D158274**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

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

500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 248 OF 256

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ryan for Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Mailing Address PO Box 1488

City	State	Zip Code
Janesville	WI	53547-1488

**Transaction ID : D159341**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Paul Ryan**Category/  
Type

1000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 01

Full Name (Last, First, Middle Initial)

**B. Scalise for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2014

Mailing Address PO Box 23219

City	State	Zip Code
Jefferson	LA	70183-3219

**Transaction ID : D158873**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Stephen J. Scalise**Category/  
Type

2500.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 01

Full Name (Last, First, Middle Initial)

**C. Schock for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Mailing Address PO Box 10555

City	State	Zip Code
Peoria	IL	61612

**Transaction ID : D159338**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Aaron Schock**Category/  
Type

1500.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 18

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shore PAC**

Mailing Address PO Box 3157

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Shore PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

**Transaction ID : D158264**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Stand Tall America PAC (STAPAC)**

Mailing Address PO Box 2382

City	State	Zip Code
Amarillo	TX	79105

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Stand Tall America PAC (STAPAC)**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2014

**Transaction ID : D158173**

Amount of Each Disbursement this Period

-2500.00
----------

Full Name (Last, First, Middle Initial)

**C. Steve Israel for Congress Committee**

Mailing Address PO Box 1400

City	State	Zip Code
Melville	NY	11747

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Steve J. Israel**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼  
Contribution

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2014

**Transaction ID : D158711**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steve Israel for Congress Committee**

Mailing Address PO Box 1400

City	State	Zip Code
Melville	NY	11747

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Steve J. Israel**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : D158863**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Ted Lieu for Congress**

Mailing Address 6380 Wilshire Blvd #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Ted W. Lieu**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	21	/	2014

**Transaction ID : D158439**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. The Committee for the Preservation of Capitalism**

Mailing Address PO Box 65314

City	State	Zip Code
Washington	DC	20035-5314

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**The Committee for the Preservation of Capitalism**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	29	/	2014

**Transaction ID : D157765**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. The Hawkeye PAC**

Mailing Address PO Box 192

City	State	Zip Code
Des Moines	IA	50301

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**The Hawkeye PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : D159730**

Amount of Each Disbursement this Period

-1000.00
----------

Full Name (Last, First, Middle Initial)

**B. Tiberi for Congress**Mailing Address 2931 E Dublin Granville Road  
Suite 190

City	State	Zip Code
Columbus	OH	43231-2098

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Patrick J. Tiberi**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2014

**Transaction ID : D158722**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Tim Bishop for Congress**

Mailing Address PO Box 437

City	State	Zip Code
Farmingville	NY	11738

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Timothy H. Bishop**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : D159352**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tim Scott for Senate**

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Timothy Eugene Scott**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

**Transaction ID : D158263**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Tisei Congressional Committee**

Mailing Address 26 Main Street

City	State	Zip Code
Lynnfield	MA	01940

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Richard R. Tisei**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	28	/	2014

**Transaction ID : D158525**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Tom Reed for Congress**

Mailing Address PO Box 10847

City	State	Zip Code
Rochester	NY	14610-0847

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Thomas W. Reed II.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	23	/	2014

**Transaction ID : D157670**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Trust PAC Team Republicans for Utilizing Sensible Tactics**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2014

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Trust PAC Team Republicans for Utilizing Sensible Tactics**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

**Transaction ID : D158713**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Upton for All of Us**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Fredrick Stephen Upton**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 06

**Transaction ID : D158258**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Volunteers for Shimkus**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2014

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**John M. Shimkus**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 15

**Transaction ID : D158715**

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Walorski for Congress Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Mailing Address PO Box 954

City	State	Zip Code
Mishawaka	IN	46546-0954

**Transaction ID : D157258**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Jacqueline Walorski**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 02

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Walorski for Congress Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Mailing Address PO Box 954

City	State	Zip Code
Mishawaka	IN	46546-0954

**Transaction ID : D157763**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Jacqueline Walorski**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 02

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Walorski for Congress Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Mailing Address PO Box 954

City	State	Zip Code
Mishawaka	IN	46546-0954

**Transaction ID : D158877**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Jacqueline Walorski**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 02

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Welch for Congress**

Mailing Address PO Box 1682

City	State	Zip Code
Burlington	VT	05402

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Peter F. Welch**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2014

**Transaction ID : D158720**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Wenstrup for Congress**

Mailing Address PO Box 9551

City	State	Zip Code
Cincinnati	OH	45209-0551

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Brad Wenstrup**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2014

**Transaction ID : D158717**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Whitfield for Congress Committee**

Mailing Address PO Box 391

City	State	Zip Code
Hopkinsville	KY	42241

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Edward Whitfield**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : D158875**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wyden for Senate**

Mailing Address 232 NE 9th Avenue

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Ron Wyden**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : D158874**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Yoder for Congress, Inc**

Mailing Address PO Box 26742

City	State	Zip Code
Overland Park	KS	66225

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Kevin W. Yoder**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2014

**Transaction ID : D158273**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

2500.00

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

284500.00